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Pregnant in Prison: Comparing National Standards to the Policies and Programs of State Prisons

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Table of Contents

Abstract

The population in women's prisons in the United States has been rapidly increasing. This increase has also brought attention to the number of pregnancies and births that occur in a prison setting each year. In the United States, national standards have been developed by experts in obstetrics and gynecology, but currently, state prisons have varying policies and programs for pregnant, birthing, and postpartum people which leads to a vast difference in experiences and a disparity in treatment. To better understand what the policies and programs for maternity in prison are and how they measure up to national standards, the present study aims to identify the policies and programs state prisons are adopting, in reference to pregnancy and compare them to the national and international standards. Data was collected from ten state prisons using their Department of Corrections' websites and evaluated through qualitative coding to identify what United States prisons are doing to care for pregnant, birthing, and postpartum people in prison and compare to the national standards set by the American College of Obstetricians and Gynecologists. More than three quarters of the data was missing from these websites and the recommendations of the ACOG that were not specifically about pregnancy had more data than the recommendations that were specific to pregnancy. Policies must be created that address the unique nuances of pregnancy in prison as the health and safety of prisoners is the responsibility of these facilities that house pregnant people.

Pregnant in Prison: Evaluating State Prison Policies that have Prison Nurseries using International and National Standards

The prison population has been increasing over the past decade (Carson, 2018; Goshin et al., 2017), however, policies involving pregnant prisoners lack consideration for their unique experiences while incarcerated (Goshin et al., 2017). While there are some standards involving pregnant prisoners that have been proactively adopted across the United States, these standards are not enforced uniformly across all states and are not mandatory (American Medical Association, 2015; Goshin et al., 2017). The different policies that are enforced can lead to different experiences that pregnant, birthing or postpartum people have while incarcerated and additionally lead to a disparity in treatment (Goshin et al., 2017). Essentially, the treatment pregnant people receive in state prison is dependent upon the jurisdiction in which the crime was committed, and the services offered in that specific state and jurisdiction. Several groups have created minimum standards of care for prisoners such as the United Nations (UN), American Psychological Association (APA), American Medical Association (AMA), and the American College of Obstetricians and Gynecologists (ACOG). These standards serve as recommendations for best practices. However, these standards are only enforced voluntarily in state prisons and are not mandated (American Medical Association, 2015; Goshin et al., 2017).

States have vastly different policies in reference to pregnancy in prisons that may or may not be a part of the national and international recommendations. When it comes to shackling, prison nurseries, and healthcare there is minimal research on how these

differing policies stand up to national and international standards. Prisons in the United States have mostly been occupied by a population of men (Carson, 2018), and research on prison and prisoners have also been male-dominated leaving clear gaps about how pregnant people experience prison and how programs and services are being supported unique to them (Goshin et al., 2017). People who are pregnant in prison have unique experiences, especially concerning reproductive health. The present research aims to identify how state prisons in the United States that voluntarily have prison nurseries in place differ from each other in the adoption of policies and programs recommended by the American College of Obstetricians and Gynecologists. This sample of prisons was selected by their current implementation of nursery programs. Prisons with preexisting nursey programs were selected because these ten state prisons were recognized in the literature as state prisons with at least one program specific to pregnant prisoners.

It is important to note that until recently, sex and gender have been considered interchangeable. As it is known now, gender exists on a spectrum and cannot be accurately described in dichotomous terms. The present research recognizes this spectrum and will refer to pregnancy as not an experience that is exclusive to women. However, much of the previous research and legislation discuss gender as binary and when these sources are discussed, the present paper will reflect the attitudes of that time as to not misrepresent these sources.

Historical Context

Before the late 1700s, women were not necessarily housed separately from men in prison (Rafter, 1983). It was not uncommon for all incarcerated people to be housed together with little regard for dangerousness, offense, sex differences, or other categorizations that may be seen today. The turn of the 19th century brought about the separation of men and women within a single prison (Rafter, 1983). Women and men were held in the same prison but were likely to be put into different rooms. Men and women had access to relatively equal care at this point in history regarding medical care, exercise, and nutrition (Rafter, 1983). As separate housing for men and women became commonplace, the differences in treatment became more abundant (Rafter, 1983). For example, in New York's Auburn prison, women were all held in a single room above the kitchen with little supervision, privacy, exercise, or nutrition (Rafter, 1983). On the other hand, the men were taken from their individual cells to work and have meals while under strict supervision and punishment (Rafter, 1983).

In the 1830s women were not treated distinctly different, in several states, but were treated more in line with how the men were. In 1837, Ohio constructed a separate place for women with their own courtyard for exercise but also cut the women off from the resources that remained in the main male building such as health resources (Rafter, 1983). Women required different needs than men when it came to incarceration settings due to the attitudes and biases towards women in this period. Women started committing more crimes increasing the desire to incarcerate women. This led to the creation of separate prisons for the two genders accepted in the 1800s. The first women's prison was

established in New York as the Mount Pleasant Female Prison in 1839 (Rafter, 1983). This prison eventually closed due to overcrowding but served as a model for future women's prisons. Women were considered to be more burdensome than incarcerated men throughout history. This attitude was due to their break of gender norms and the lower population of inmates, but same number of staff required, and less profitable labor (Rafter, 1983). In the late 1800s, women's prisons were treated as a place to give women training that was separate from men (Rafter, 1983). Moral and domestic training were the core focus in these reformatories but fell out of use by 1935 when state prisons became more individualized by region (Rafter, 1983). In modern times, the United States continues this practice of individualization of prisons by region and each have unique programs and policies for the treatment of their inmates. Specific programs for prisoners can change by jurisdiction and by state.

Literature Review

The literature on the topic of women in prison has been increasing due to the growing attention and discussion around incarcerated women. However, due to the diversity in policies and programs implemented across the United States, there is a great range in the program offerings that incarcerated women have. This is specifically true for pregnant, birthing, postpartum people incarcerated in prisons in the United States.

International Standards

The United Nations has published several statements regarding its recommendations for the treatment of prisoners. Several guidelines pertaining to the treatment of prisoners, known as the Tokyo Rules, recommended separating prisoners

into various categories including people who have been tried in a court of law from those who have not, juveniles from adults, and men from women (United Nations, 2015). In these international standards, health is an area not to be compromised due to incarceration such as access to suitable exercise, nutrition, and preventative care (United Nations, 2015). The United Nations (2015) also recommends that women's prisons should have the necessary prenatal and postnatal care for pregnant inmates. Furthermore, after the pregnant inmate gives birth, if it is in a child's best interest to stay with their mother in prison, it is recommended to provide such provisions (United Nations, 2015). The use of restraints on prisoners should be done in the least degrading and intrusive manner possible based upon an assessment of the risk and dangerousness of the specific prisoner (United Nations, 2015). Also, in terms of restraint, women in labor or immediately postpartum should never be placed in restraints according to the United Nations (2015).

To supplement the Tokyo rules, the United Nations created the Bangkok Rules to specify the standard of care for incarcerated women. The Bangkok Rules specifically indicate the nutritional needs and hygiene differences for people who are pregnant, breastfeeding, or menstruating (United Nations, 2011), which was not previously mentioned in the Tokyo Rules. It is also recommended that there be gender-specific healthcare that meets the standards if not exceeds the standards, of the community (United Nations, 2011). This is crucial in ensuring the quality of healthcare that people receive in prison that could help prenatal or postnatal care and postpartum outcomes. Pregnant-specific prisoner recommendations would not be complete without discussing the needs of people who have given birth, such as breastfeeding. The Bangkok rules

suggest that no imprisoned women should be discouraged from breastfeeding unless there is a specific medical reason (United Nations, 2011). Furthermore, the United Nations urges prisons to allow for the maximum amount of contact possible between mothers and their children including the possibility of allowing children to reside in the prison with their mothers (United Nations, 2011). The Bangkok Rules conclude by urging prisons to actively research how children are affected by their mother's involvement in the criminal justice system (United Nations, 2011).

The United States is not required to meet the United Nations minimum standard of care for prisoners, including pregnant or birthing female prisoners. Unfortunately, with the lack of research on the experiences of incarcerated people in the United States who are pregnant or give birth while in prison, it is difficult to understand the extent to which the Tokyo or Bangkok rules would benefit incarcerated pregnant, birthing, or postpartum people in the United States if fully implemented. The study aims to identify what programs are specifically being adopted that align with the national and international standards and what services are being offered uniquely for pregnant people incarcerated in United States prisons so that further research can identify evaluation of these programs and the experiences of incarcerated parents enrolled in these programs.

National Standards

In the United States, there have been several bills proposed to Congress about the treatment of pregnant, birthing, and postpartum prisoners in the last few years. In 2018, a bill was introduced in Congress known as the Pregnant Women in Custody Act. The purpose of this bill was to collect pregnancy data on incarcerated women in the United

States, ensure that the use of restraints and restrictive housing was prohibited, and to undertake measures to improve the health concerns of such prisoners (*H.R.6805 - 115th Congress,* 2018). This bill would ensure that the needs of pregnant women are met, which includes providing services such as prenatal education, access to pregnancy tests, and mental health services (*H.R.6805 - 115th Congress,* 2018). This bill would only ensure that these policies are enacted within federal prisons; however, a section of this bill does give funding to state prisons that choose to follow these policy changes (*H.R.6805 - 115th Congress,* 2018). Although this bill would help to fill the gap in policies that ensure the safety and well-being of pregnant prisoners and would hopefully help all areas of the United States to bring the same level of care to those who are in custody and pregnant, it was not passed.

In 2020, another bill was introduced into Congress under the name of Protecting the Health and Wellness of Babies and Pregnant Women in Custody Act. This act includes the same data collection procedures and similar support services as the previously mentioned act with a key difference being that the 2020 bill gives explicit time frames (*H.R.7718 - 116th Congress,* 2020). For example, the prison must administer a pregnancy test no later than one day after a prisoner discloses to the prison that they may be pregnant (*H.R.7718 - 116th Congress,* 2020). Another key difference is that the 2020 bill lays out specific exceptions to the prohibition of restraints (*H.R.7718 - 116th Congress,* 2020). These exceptions involve safety reasons but there are also specific people from both the Bureau of Prisons and a healthcare professional who make this decision and must review that decision every six hours (*H.R.7718 - 116th Congress,*

2020). Trainings are also required for all correctional officers and all Deputy U.S Marshalls on how this bill would affect the care of their pregnant prisoners (*H.R.7718 - 116th Congress,* 2020). This bill was passed by the House in October of 2020 (*H.R.7718 - 116th Congress,* 2020). The enforcement of this bill will provide needed insight into the data regarding pregnant prisoners in the federal prison system in the United States and will help to guide further reform on the matter.

Several groups such as the APA, AMA, and ACOG have created guidelines for how pregnant prisoners should be treated, including recommendations for shackling and nutrition needs, but these guidelines are only enforced voluntarily (Goshin et al., 2017). The recommendations that came from this research include providing pregnant people with the possibility of diversion from prison, partnerships between the criminal justice system and community programs for the prevention of future criminality in delinquent minors, and partnerships between the criminal justice system and child development experts (Goshin et al., 2017). Furthermore, it is recommended that there be accessible supportive housing, sentencing reforms (such as a family impact statement), and enhanced care for prisoners who are pregnant (Goshin et al., 2017). Pregnant prisoners have unique needs in regard to care that should be considered with policy reform in the United States. At the federal level of the criminal justice system, there is consistency with the implementation of such policies; nonetheless, this does not ensure that these policies are the best standards of care. Every state, on the other hand, has different policies for care, and some have very few policies that specifically relate to pregnant prisoners, which

can lead to a discrepancy in care. States vary in their shackling, prison nursery, and healthcare accommodations.

Shackling

Shackling is a common practice that is used throughout prisons in the United States. Shackling is used to ensure the safety of correctional officers and to impede potential flight risks of prisoners when being transferred from one location to another, but gender-neutral policies do not allow for specificity regarding the use of restraints on pregnant people. In accordance with the First Step Act of 2018, the Bureau of Justice Statistics has collected national prisoner data including data related to pregnancy (Carson, 2020). This is an important part of furthering the research on the experiences of pregnant prisoners nationally. The Bureau of Justice Statistics reports that in 2019, out of the 171 pregnant prisoners in federal prisons, 1 reported the use of hand restraints while pregnant (Carson, 2020). It is important to note that how these numbers were collected is unclear. The report does not specify if prisoners themselves were reporting these numbers, if the correctional officers kept count, or if each prison had a different way of collecting the data. Due to the separation of federal and state levels of prison, it is unlikely that these statistics are generalizable to state prisons.

The American Medical Association (AMA) (2015) uses the anti-shackling legislation of New Mexico as a model that should be used across all states. The AMA recommends that the least restrictive shackles should be used on pregnant prisoners unless there are specific safety concerns that require more restrictive restraints (American Medical Association, 2015). Furthermore, the AMA asks that prisoners in active labor or

recovering from delivery should not be subject to restraints unless there is an immediate and substantial threat to safety (American Medical Association, 2015). If it is determined that restraints are needed, the restraints should be the least restrictive possible (American Medical Association, 2015). These recommendations would be beneficial to the prisoners to whom they apply to decrease unnecessary discomfort and shame that come with the use of restraints. Currently, 32 states restrict the use of restraints on pregnant prisoners but only 13 have widespread banning on the use of shackling throughout pregnancy, birth, and postpartum (Richardson, 2020). The use of restraints widely varies depending on the state that the prison is in, which leads to varying experiences incarcerated people have during their pregnancy. The APA (2017) has also urged states to stop using restraints on pregnant, birthing, and postpartum prisoners due to the psychological harm it can cause.

Ocen (2012) examined the different aspects of why shackling pregnant prisoners is a common practice to have a better idea of how to stop it. The study looks at historical contexts about the intersectionality of race and gender regarding the shackling of pregnant prisoners without considering dangerousness or other risks (Ocen, 2012). Stereotypes of black women, such as sexual promiscuity and dangerousness, have not disappeared and can be used as justification in some people's minds for continuing the use of shackles on pregnant people within the exceptions within anti-shackle laws (Ocen, 2012). Shackling may also cause significant harm to both the mind and body such as a sense of humiliation and increases the probability of falls (Ocen, 2012). While this study specifically relates how shackling is often used due to racial bias, it still brings relevant

information about how these shackling policies can be damaging to all pregnant people and how the exceptions in anti-shackling laws can be exploited.

Prison Nurseries

A program that, as of 2018, ten states have chosen to provide is a segregated nursery unit where mothers and their infants may bond. As previously mentioned, since these state prisons are well published as adopting one program for pregnant prisoners, this study will use this sample of prisons for data collection. More states have been developing these programs as more research is conducted that highlights the benefits for both mother and child in prison nurseries. Dolan et al. (2019) examined how Mother-Baby-Units in England and maternal quality of life interact. Furthermore, Dolan et al. (2019) considered how custody or regular contact between mother and children relates to the mother-child attachment. Eighty-five pregnant women who were expecting to give birth while in prison and stay at least 6 weeks postpartum from eight women's prisons were interviewed and 62 of those women completed a follow-up interview (Dolan et al., 2019). Quality of life was measured before and after birth, using a shorter version of the World Health Organization Quality of Life measures, while mother-child bonding was measured using the Mother-to-Infant Bonding Scale (Dolan et al., 2019). Depression had a higher prevalence in the women who did not receive a place in the Mother-Baby Unit than those who did (Dolan et al., 2019). Quality of life scores was also found to be lower in those not in the Mother-Baby Unit in all four categories of the scale (Dolan et al., 2019). Women who were admitted into the Mother-Baby Unit also experienced very high attachment scores (Dolan et al., 2019). This study's biggest limitation is generalizability

as it was completed outside of the United State. Furthermore, the study used self-reported data with small sample size. Nevertheless, this data shows how essential bonding can be for maternal quality of life.

Safety is an essential concern when discussing the possibility of children living with a parent who is a convicted criminal. This is a concern that should not be taken lightly, and the child's best interest should always be considered when assessing the risks and benefits of a situation, such as prison nurseries. Prison nursery programs will usually have a zero-tolerance policy for prisoners that are admitted to these prison nurseries, as well as consistent monitoring of the child (Beit, 2020). Children in prison nurseries are not only monitored by correctional officers to ensure safety but are also monitored by healthcare personnel such as pediatricians to ensure health standards are met (Beit, 2020).

Prison nurseries can benefit the child to great extent regarding attachment and development. In a prison nursery, one can breastfeed and develop strong attachments with their children that would otherwise be difficult to achieve. The primary purpose of prison nurseries is to benefit the child but there are also benefits for the mother (Beit, 2020). Some arguments question the morality of putting an infant in a prison setting, but overall, there are more benefits than risks (Beit, 2020). As of 2018, there are ten prison nursery programs in the United States (Chuck, 2018), but more states should consider the benefits of such programs and how they change the experience people have with the criminal justice program.

Some of the reasons administrators oppose the implementation of prison nurseries cite reasons such as lack of funding, lack of space, lack of public support, and lack of

information according to a 2012 study done by Campbell and Carlson. The participants of this study consisted of 28 correctional administrators from 28 different states, eight of those states represented had nursery programs. Half of the participants reported that they did not have any information about prison nurseries (Campbell & Carlson, 2012). More research and information about prison nurseries is needed to allow prisons to make educated decisions about their policies and programs that are specifically for pregnant prisoners or prisoners with infants.

Healthcare

Healthcare for prisoners is fundamental for just treatment and should be tailored to the various needs of prisoners, including prenatal care. Pregnant people have unique requirements separate from other prisoners regarding nutrition. Shlafer et al. (2017) reviewed available government data and existing research on the nutritional care of pregnant prisoners to give recommendations that would increase healthy pregnancy outcomes. The recommendations include requiring a pregnancy test when prisoners are first placed in prison, providing prenatal vitamins once a pregnancy is verified, following the Academy of Nutrition and Dietetics' nutrition recommendations, providing extra food, providing regular access to water, and providing resources and education for nutrition information in the cafeteria and commissary (Shlafer et. al, 2017). General policies about nutrition do not adequately address the needs of pregnant people and can lead to health problems that could easily be avoided with proper nutrition.

It should be noted that healthcare does not necessarily refer to going to see a doctor and getting necessary medications. Although this description is necessary for

achieving healthcare needs, educating people about their health and best practices is also something that state prisons should consider including under their healthcare services. A pregnancy education workshop was implemented in a women's prison and Tenkku et al. (2018) looked at the effects of this program. Tenkku et al. (2018) hypothesized that the pregnant prisoners who take the workshop would experience an increase in their knowledge about the topics presented in the educational workshop. Twenty-five pregnant women with minor offenses were picked by the staff of the prison-based on their attitudes towards the Midwest prison in the United States (Tenkku et al., 2018). The workshop had seven different sections relating to health while pregnant or infant health (Tenkku et al., 2018). The participants took a pre-and post-test for every session to determine their knowledge of these subjects (Tenkku et al., 2018). Due to the varying schedules that the women had, not all participants were able to do every session or every pre-and post-test for the sessions they were able to attend, therefore not completing the entire workshop (Tenkku et al., 2018).

The results of this study were not consistent with the hypothesis Tenkku et al. had outlined in their study; there were no significant increases in knowledge based on the pre- and post-tests (2018). The aggregate scores for all the sessions saw a nonsignificant decrease in knowledge (Tenkku et al., 2018). Some women also reported that they had trouble with both printed text and visual aids which may help explain the results (Tenkku et al., 2018). While educating people in prison is used often and can be beneficial, more than just education needs to be available. This study had a small sample size and was unable to control for such variables as the schedules of these women, but these results

should be considered when programs are brought into the prison settings in the future to provide resources that will benefit the people who will participate. Education is important but should not be the perfect answer for providing adequate healthcare to pregnant prisoners.

To better understand the impact of the various policies and programs that affect pregnant, birthing, and postpartum people in prison, the present study aims to compare current policies in ten state prisons that have a pre-existing nursery program to identify gaps in the adoption of suggested national and international best practices. The research question that will be addressed here, is are the ten-state prisons in the United States with preexisting nursery programs adopting the policies and programs recommended nationally for pregnant prisoners, or is there a need for improvement?

Method

To explore how state prisons with nursery programs measure up to national standards set by ACOG, the researcher used a document review method. Document review is a qualitative method and a way to systematically collect, analyze, interpret, and organize data in research (Brettschneider et al., 2017). Document review was chosen to aid in this research endeavor because the method can be used to get evidence-based guidelines for best practices which is the ultimate goal of this research (Bretschneider et al., 2017). Document review has many advantages that will aid the researcher in collecting data as it can produce many documents, assist to obtain information throughout a large geographic area, does not require participant consent and is not intrusive, inexpensive, and can help inform other modes of data collection for future research

(Bretschneider et al., 2017). Potential disadvantages to using document review include room for bias in choosing documents, the researcher could misinterpret a document, information may not be complete, and can be time-consuming (Bretschneider et al., 2017).

Data Collection

Data was collected from public information released by the prisons on their websites. The sample of prisons will be the ten-state prisons that have a nursery program as these prisons have at least one program that is unique to the experiences of pregnant, birthing, or post-partum prisoners. The sample of states with prison nursery programs was California, Illinois, Indiana, Nebraska, New York, Ohio, South Dakota, Texas, Washington, and West Virginia.

The researcher used a spreadsheet to capture all data in Microsoft Excel. In the spreadsheet, the first column of each row is labeled with the name of the state as well as the location of that prison. Along the first row, starting with the second column, are 15 specific categories of care that will be measured. The sixteen categories were derived from the ACOG's list of recommendations published in 2017 entitled *Recommended Pregnancy and Postpartum Care in Carceral Settings*. The 15 categories are as follows: pregnancy assessment, post-partum breastfeeding assessment, counseling services, and abortion services, perinatal care, alcohol, and substance use disorder assessment, HIV testing and treatment, vaccines, pregnancy mental health assessment, post-partum mental health assessment, breastfeeding education, breastfeeding and pumping options, nutrition

while pregnant, nutrition while breastfeeding, delivery in a licensed hospital, and access to post-partum contraceptives.

The researcher used a codebook to ensure consistency in how each prison is rated for each category. The codebook will also be formatted in Microsoft Excel with five columns. The columns were labeled variable, value, value label, valid range, and a value indicating missing data. In the first column of the codebook, each of the sixteen categories previously mentioned will be listed. See the example below of how the codebook was set up.

Variable	Value	Value Label	Valid Range	Value Indicating Missing Data
Pregnancy Intake Assessment	0	Prison does not assess pregnancy at intake	0-1	-88
	1	Prison assesses pregnancy at intake		

Data Analysis

After collection, the data was placed into 14 tables. Each category of the ACOG guidelines has an individual table with the key placed below the table. Through the use of tables, it is easy to compare and contrast these ten states for each category and to see general trends in the public policies of these prisons.

Results

Assessing each of the ten states in the 15 categories developed by the ACOG allowed for 150 data points. However, after collecting the data, only 36 data points were found through the public information released by these states on their websites. In other

words, less than a fourth of the data for the categories developed from the ACOG recommendations were located in existing published sources.

Several patterns were distinguished from the data. The categories with the least available information were: intake assessment of breastfeeding or post-partum status, mental health assessment during pregnancy, and post-partum mental health assessment. These three categories were not found in any policies publicly accessible on websites for the Department of Corrections, respective to each state. The categories with the most information publicly available were: alcohol and substance use disorder assessment and treatment, and HIV testing and treatment.

It is important to note a constraint that the data should not singularly be viewed through the date and information that was available to the researcher. There were several instances where data was found but the state did not comply with the ACOG's recommendations. The researcher notes that this scenario occurred five times: Nebraska in counseling and abortion services; New York, Washington, and West Virginia in HIV testing and treatment; and Washington for nutrition in pregnancy. There was no category in which every state had data. Out of the 36 data points found, 27 identified full compliance with an ACOG recommendation, seven partially complied, and two did not comply at all. There were no states from the sample located in the research that provided data for every category. However, every state from the sample did provide at least one data point.

Table 1

Pregnancy Assessment at Intake

State	*Value*
California	-88
Illinois	-88
Indiana	-88
Nebraska	-88
New York	-88
Ohio	1
South Dakota	-88
Texas	-88
Washington	1
West Virginia	1

Note: -88 indicates missing data, 0 indicates prison does not assess pregnancy at intake, 1 indicates prison assesses pregnancy at intake.

Table 2

Counseling and Abortion Services

State	*Value*
California	-88
Illinois	2
Indiana	-88
Nebraska	0
New York	-88
Ohio	2
South Dakota	-88
Texas	-88
Washington	-88
West Virginia	-88

Note: -88 indicates missing data, 0 indicates that prison does not offer counseling or abortion services, 1 indicates prison offers counseling or abortion services, 2 indicates prison offers both counseling and abortion services.

Table 3

Intake Assessment of Post-Partum or Breastfeeding Status

State	*Value*
California	-88
Illinois	-88
Indiana	-88
Nebraska	-88
New York	-88
Ohio	-88
South Dakota	-88
Texas	-88
Washington	-88
West Virginia	-88

Note: -88 indicates missing data, 0 indicates prison does not assess post-partum or breastfeeding status of inmate at intake, 1 indicates prison assesses post-partum or breastfeeding status of inmate at intake.

Table 4

Perinatal Care

State	*Value*
California	-88
Illinois	-88
Indiana	-88
Nebraska	-88
New York	-88
Ohio	-88
South Dakota	-88
Texas	-88
Washington	1
West Virginia	-88

Note: -88 indicates missing data, 0 indicates prison does not meet ACOG criteria for providing perinatal care, 1 indicates prison meets some ACOG criteria for providing perinatal care, 2 indicates prison meets all ACOG criteria for providing perinatal care.

Table 5

Alcohol and Substance Use Disorder Assessment and Treatment

State	*Value*
California	2
Illinois	-88
Indiana	2
Nebraska	2
New York	2
Ohio	2
South Dakota	2
Texas	2
Washington	2
West Virginia	-88

Note: -88 indicates missing data, 0 indicates prison does not assess inmates for alcohol or substance use disorder (SUD), 1 indicates prison assesses for alcohol and SUD but does not provide treatment, 2 indicates prison assesses for alcohol and SUD and provides treatment.

Table 6

HIV Testing and Treatment

State	*Value*
California	2
Illinois	2
Indiana	-88
Nebraska	-88
New York	1
Ohio	-88
South Dakota	2
Texas	2
Washington	1
West Virginia	1

Note: -88 indicates missing data, 0 indicates prison does not test for HIV and does not provide treatment, 1 indicates prison tests for HIV but does not provide treatment, 2 indicates prisoners are tested and treated for HIV.

Table 7

Vaccinate According to ACOG Standards

State	*Value*
California	-88
Illinois	1
Indiana	-88
Nebraska	-88
New York	-88
Ohio	-88
South Dakota	-88
Texas	-88
Washington	1
West Virginia	1

Note: -88 indicates missing data, 0 indicates prison does not administer vaccines according to ACOG guidelines, 1 indicates prison meets some guidelines for vaccinating pregnant prisoners, 2 indicates prison meets all guidelines for vaccinating pregnant prisoners.

Table 8

Pregnancy and Post-Partum Mental Health Assessment

State	*Value*
California	-88
Illinois	-88
Indiana	-88
Nebraska	-88
New York	-88
Ohio	-88
South Dakota	-88
Texas	-88
Washington	-88
West Virginia	-88

Note: -88 indicates missing data, 0 indicates no mental health screenings are given to pregnant or post-partum prisoners, 1 indicates mental health screenings are provided but no treatment is given, 2 indicates mental health screenings and treatments are provided

Table 9

Breastfeeding Education

State	*Value*
California	1
Illinois	-88
Indiana	-88
Nebraska	-88
New York	-88
Ohio	-88
South Dakota	-88
Texas	-88
Washington	-88
West Virginia	-88

Note: -88 indicates missing data, 0 indicates prisoners do not have access to education regarding breastfeeding, 1 indicates pregnant and post-partum prisoners have access to education about breastfeeding.

Table 10

Follows ACOG Pregnancy Nutrition Guidelines

State	*Value*
California	1
Illinois	-88
Indiana	-88
Nebraska	1
New York	-88
Ohio	1
South Dakota	1
Texas	-88
Washington	0
West Virginia	-88

Note: -88 indicates missing data, 0 indicates prison does not meet ACOG standards of providing adequate nutrition to pregnant prisoners, 1 prison meets some ACOG standards of adequate nutrition to pregnant prisoners, 2 indicates prison meets all ACOG standards of adequate nutrition for pregnant prisoners.

Table 11

Breastfeeding or Pumping Options

State	*Value*
California	1
Illinois	-88
Indiana	-88
Nebraska	-88
New York	-88
Ohio	-88
South Dakota	-88
Texas	-88
Washington	-88
West Virginia	-88

Note: -88 indicates missing data, 0 indicates prisoners do not have the option to breastfeed or pump to provide milk to their babies, 1 indicates prison provides post-partum prisoners an option to provide milk to their babies.

Table 12

Follows ACOG Breast Feeding Nutrition Guidelines

State	*Value*
California	-88
Illinois	-88
Indiana	-88
Nebraska	1
New York	-88
Ohio	-88
South Dakota	-88
Texas	-88
Washington	-88
West Virginia	-88

Note: -88 indicates missing data, 0 indicates prison does not meet ACOG standards of providing adequate nutrition to breastfeeding prisoners, 1 indicates prison meets some ACOG standards of adequate nutrition to breastfeeding prisoners or policy mentions nutritional needs of pregnant inmates but is not specific, 2 indicates prison meets all ACOG standards of adequate nutrition for breastfeeding prisoners.

Table 13

Delivery Occurs at a Licensed Hospital

State	*Value*
California	2
Illinois	-88
Indiana	-88
Nebraska	-88
New York	-88
Ohio	-88
South Dakota	-88
Texas	-88
Washington	-88
West Virginia	-88

Note: -88 indicates missing data, 0 indicates deliveries do not occur in a licensed hospital, 1 delivery occurs at a licensed hospital but there are no arrangements for high-risk pregnancies, 2 indicates delivery occurs at a licensed hospital and arrangements are made for high-risk pregnancies

Table 14

Access to Post-Partum Reversable Contraceptives

State	*Value*
California	-88
Illinois	-88
Indiana	-88
Nebraska	1
New York	-88
Ohio	-88
South Dakota	-88
Texas	-88
Washington	1
West Virginia	-88

Note: -88 indicates missing data, 0 indicates there is no access or counseling regarding reversible contraceptive options post-partum, 1 indicates there is access and counseling available to post-partum prisoners for reversible contraceptives.

Discussion

This study brought some important insights into how each state's prison system has varying policies when it comes to pregnant and post-partum people in incarceration settings. These data show how much variation can be identified between states in each

recommended category and expose how much information is lacking in publicly accessible policies and resources. While alcohol and substance use disorder and HIV policies were relatively easy to locate and identify, these policies are not specifically related to pregnancy, while the policy-specific categories that are unique to pregnancy are lacking.

Limitations

This study, while an important step in closing the gap of research on pregnancy in prison, is not without limitations. A big limitation of this study is that there is a lot of missing data. It is difficult to come to a valid, substantiated conclusion with less than 25% of the data available for review. Furthermore, there is room for human error even with safeguards put in place such as a codebook. There is a possibility that while reading through a document, data was missed or overlooked. The researcher acknowledges that by employing a document review, there is no guarantee these facilities adhere to those policies without variation. In addition, in regards to the missing data, that does not mean that those prisons have no policy for that category public or otherwise, it simply means that data was not located during the research process.

Conclusion

People with the ability to get pregnant and give birth are not immune from breaking the law, being prosecuted, and then sentenced. Therefore, prisons should expect pregnant and post-partum people in their facilities. If this population is in the custody of the state, the state has the responsibility to acknowledge their unique needs and ensure their health and safety within their facilities. The ACOG has set guidelines on what types

of policies should be in place to provide adequate healthcare for pregnant and post-partum prisoners, but those guidelines have not been fully adopted in the United States.

The United States does not currently have data that compares state prison policies with national or international standards. While national standards are set by organizations such as the ACOG and through Congressional support, there is no guarantee that state prisons will adhere to and appreciate them. It is also unclear in the available data if the standards are adopted in some of the prisons. The rising population in prisons of people who can give birth in prison settings also gives rise to the pregnancy and birth rates that are experienced by people in a prison setting. The increase in these experiences has ignited the interest in more research to be conducted in the United States, which is necessary to ensure the safety and well-being of all prisoners.

There is a need for more data about these unique experiences and how programs and policies affect inmates' needs to identify how to ensure the safety and well-being of this vulnerable population. State policies diverge greatly regarding the treatment of such prisoners including shackling, in-prison nurseries, and healthcare, which may lead to various outcomes in maternal quality of life inside prison.

Understanding the policies and programs prisons have for the care of pregnant people is necessary to understand if the state is meeting its obligation to ensure the health and safety of those in its custody. Because the standards, set nationally by groups like the ACOG, APA, and AMA, as well as international standards set through groups like United Nations are voluntary, there needs to be some way to evaluate prison policies. Furthermore, aspects of pregnancy in prison that need to be evaluated include shackling

practices and prison nurseries. Several bills have been presented to congress to attempt to regulate more prisons, however these bills have not been signed into law. Legislation regulating practices of prisons in how they treat pregnant people would help unify expectations across the country and could allow for more transparency to the public.

The present study emphasizes the lack of consideration state prisons give to pregnant, birthing, and post-partum people in the state prison system. Policies specific to this population need to be developed and adhere to national best practices to protect the health and safety of those who are in the state's custody. Future studies of pregnancy in prison should request access to policies or programs directly from the prisons to verify if the missing data is truly missing from the policies or only absent from the public eye. Future research may also focus on comparing adherence to national best practices for the treatment of pregnant and post-partum prisoners between states that have prison nursery programs and those that do not.

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