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Reproductive Healthcare for incarcerated Women

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Reproductive Healthcare for Incarcerated Women

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Abstract

For years, incarcerated women have received less attention and care than incarcerated men. This problem is especially disparate when responding to the reproductive healthcare of incarcerated women. Most jails and prisons do not distinguish between men's and women's healthcare—assuming a one-size fits all approach. Within most jails, pregnancy tests are not administered upon admission and rely on self-report, resulting in a knowledge gap on prevalence rates. Women may not report due to being unaware; they may also be reluctant to disclose due to fear of intervention by child welfare services. Lack of awareness and/or comfort, coupled with minimal healthcare options, can increase stress for expecting mothers, contributing to health concerns for both mother and baby. There remains a glaring lack of consideration for pregnant incarcerated women. Policy implications can begin to address such needs at various levels within the criminal justice system (e.g., jail versus prison).

Literature Review

Current Policy

- State facilities have minimum obstetrics standards for women, including a pap smear and breast exam starting at age 30 (Walsh, 2016).
- In 2016, fewer than 50% received an obstetrics exam, and only one-third of women received pregnancy care (Rose & LeBel, 2020).

During Pregnancy

- Shacking is still a significant safety hazard that can affect the mother's mental health and limit movement during labor (Goshin et al., 2020).
- There is insufficient nutritional food options in prison; especially for pregnant women (Dallaire et al., 2017).

Postpartum

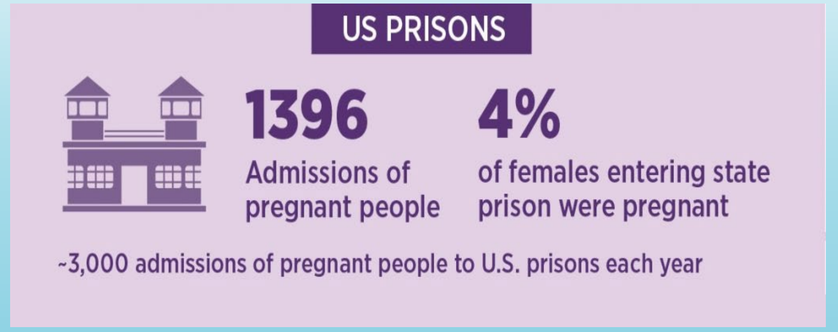
- Incarcerated pregnant women are more likely to experience complications, including smaller birth weights, stillbirths, and premature infants (Dallaire et al., 2017).
- Skin-to-skin contact is essential to help reduce postpartum depression but may not be an option for this population (Franco et al., 2020).

Caregivers

- Upon delivery, around 33% of newborns are within the custody of a grandparent (Pendleton et al., 2022).
- As of 2015, only nine states offered options for prison nurseries (Koltar et al., 2015).

Disparity in Health

- Incarcerated women tend to come from already disadvantaged situations due to their demographics, including overall healthcare.
- Incarcerated women typically come from poor socioeconomic backgrounds, which means poorer health upon system involvement.
- Studies have shown low-income women often do not access reproductive healthcare even when the desire exists (Zimmerman, 2017).
- Approximately two-thirds of women in prison are people-of-color and they have poorer access to healthcare and less healthcare knowledge.
- Incarcerated women have extensive drug histories and are far more likely to have health issues such as Hepatitis and HIV.
- In one current study, approximately 82% of women in jail reported they were dependent on drugs and/or alcohol (Rose & LeBel, 2020).
- Additional health risks concerning low-income women include maternal mortality, gestational diabetes, and other obstetrical complications (Zimmerman, 2017).



Collected by Pregnancy in Prison Statistics (PIPS)

Current Responses

Services

- Maternity Care Coalition: Provides educational programs, case management, doula support, and continuous community support for incarcerated mothers after release (www.maternitycarecoalition.org).
- William and Mary Healthy Beginnings Program: Offers nutritional guidance and other knowledge to help create longer and healthier pregnancies (Dallaire et al., 2017).
- Prison nurseries: These aim to strengthen the attachment between mother and child and allows the mother to keep their infant on-site for 1-3 years (Koltar et al., 2015).

Acts

- First Step Act of 2018: This act improves criminal justice outcomes to help prohibit the use of shackling.
  - The Bureau of Prisons is also required to provide sanitary napkins and tampons that meet industry standards and in the quantity that meets individual healthcare needs.

Future Needs

- Correctional facility food policy changes could improve outcomes for women dependent on carceral food and could positively impact long-term health post-release for both mother and child(ren) (de Graaf & Kilty, 2016).
- Few nurses report feeling unsafe during the delivery of an incarcerated woman, although shackling is common—continuing education for medical professionals is critical (Goshin et al., 2019).
- To reduce health problems among incarcerated women, we should increase availability of healthcare services, preventive treatments, and even post-release healthcare monitoring (Massoglia & Remster, 2019).
- Patient-centered and trauma-informed care from public health professionals, upon women's release, can help alleviate concerns that originated while incarcerated (Pearl & Knittel, 2020).

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