

Infant Nutrition

Women's experiences of breastfeeding in prison

Laura Abbott, Tricia Scott

ORIGINAL

The benefits of breastfeeding for the long-term health and well-being of mother and baby are abundant. The effects on bonding between mother and baby are significant and physiological immunity is paramount in protecting the child in later life. Women are free to decide whether or not they wish to breastfeed; however, perinatal women in prison are less able to make this choice due to systems of power and control, enforced within the prison estate, which too frequently render these new mothers powerless in the decision to breastfeed. This paper forms part of wider research to explore women's perinatal experiences whilst in prison and aims to consider how women learn about breastfeeding, and the postnatal experience of breastfeeding, lactation and expressing milk for separated babies in prison. During 2015–2016 audio-recorded semi-structured interviews sought to discover the experiences of 28 pregnant women and new mothers in prison in England. Women were either pregnant at the time of interview, residing with their babies on a Mother and Baby Unit (MBU) within a prison, separated postnatally from their babies, or interviewed post-release. NVivo analysis enabled the deconstruction of events and interactions associated with their experience of breastfeeding. Extracts from interview transcripts highlight the women's voices regarding their breastfeeding experiences coupled with the interwoven reflections of the midwife as researcher. There is a clear need to more fully consider the benefits of breastfeeding for these women and how this essential human function may be maximised within the prison setting.



Introduction

The evidence on the benefits of short- and long-term breastfeeding for the long-term health and well-being of mother and baby is abundant (Entwistle *et al* 2007, Pound & Unger 2012, Horta & Victora 2013, Victora *et al* 2016). However, women from disadvantaged and low-income groups have a lower rate of breastfeeding initiation and continuation than women from other groups (Pugh *et al* 2001, Entwistle *et al* 2007, Brown *et al* 2010). Evidence from the charity ‘Birth Companions’, who work with perinatal women in prison, demonstrates that with unconditional support, women from disadvantaged groups are more likely to initiate breastfeeding and sustain this choice for longer (Kennedy *et al* 2016). Recent qualitative research about pregnant women in United Kingdom (UK) prisons, ‘the incarcerated pregnancy’ (TIP) (Abbott 2016), facilitated women’s voices to be heard with regard to aspects of their pregnancy experience. Specifically, this paper will address their postnatal experience of breastfeeding, lactation and expressing milk for separated babies in prison. Pseudonyms are used to protect women’s identities.

Feeding choices

Where women are supported to breastfeed and are able to attend pregnancy groups in prison, the outcomes can be positive (Kennedy *et al* 2016). The prison where the majority of TIP research took place had limited agency for women regarding their decision to breastfeed, no MBUs and no pregnancy groups. Stacey talked to me about there being ‘no point’ in breastfeeding or expressing breastmilk for her newborn as she would be separated from him at birth:

‘I was going to breastfeed him, to have more bond with him while I’m in here, but, obviously, he’s getting taken so there’s no point.’ (Stacey)

‘Have you been told of your options about breastfeeding, or expressing breastmilk?’ (Researcher)

‘No, but I’d rather not because he’s not with me. But I was going to do it while I was in here to bond with him and that, but there’s no point now.’ (Stacey)

‘You just feel there’s no point to it?’ (Researcher)

‘Yeah, there’s no point; no point in doing it, because then that’s going to change his milk [switching from breastmilk to formula].’ (Stacey)

Stacey believed that she may do her baby more harm by confusing her newborn with different milk as she was going to be separated from her baby whilst she finished her sentence. Stacey was entitled to visits with her baby but felt that there was little point in breastfeeding because that may create a greater bond, and therefore greater pain for her as she separated from her child.

Conversely, Jenna reflected on her experience of feeding her baby, having had the support of a

pregnancy and early parenting group in prison. In contrast to Stacey, Jenna was able to remain with her baby on a MBU. When asked about whether she was able to breastfeed her baby she said:

‘Yeah, and that was obviously with the help of the Birth Companions.’ (Jenna)

‘Was it something you’d thought about prior to the pregnancy groups?’ (Researcher)

‘Well, obviously, you read and breastfeeding is best, blah, blah, I thought breastfeeding, yeah, that’s great until I actually tried it. And maybe if I was anybody else I would have just given up, because it pained like hell. But they taught you not to give up and try, and it’ll get better.’ (Jenna)

‘How long did you feed her for?’ (Researcher)

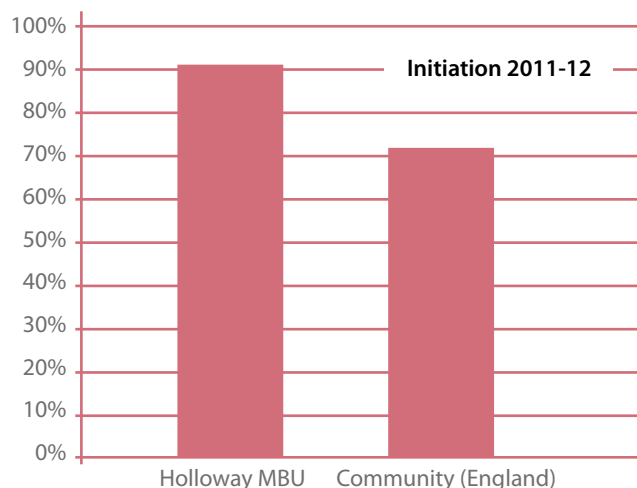
‘Until she was I think about eight months.’ (Jenna)

‘Why do you think you were able to breastfeed?’ (Researcher)

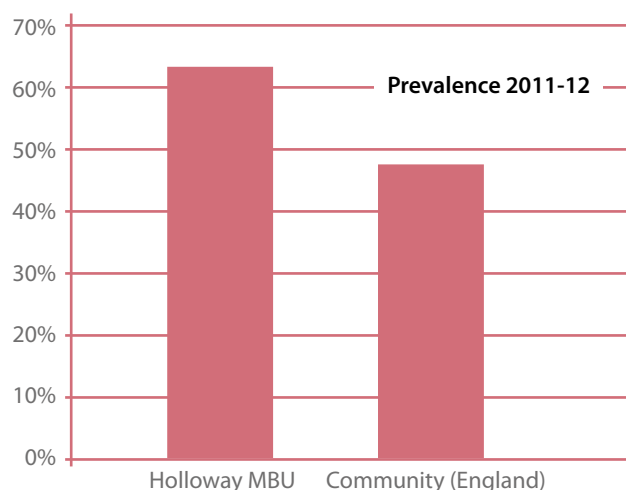
‘Because of the support we got. Because me and [other woman in prison MBU] were still young, and she breastfed. I don’t think there was actually anybody that didn’t. Because we even expressed... So they [the babies] would go for the weekend, but then what we’d do is we’d express, put it in the freezer, and then they had the freezer stuff.’ (Jenna)

The charity Birth Companions, who advised Jenna in weekly pregnancy support groups and early parenting groups audited the results of breastfeeding initiation and continuation when they were supporting women in HMP Holloway before the closure of the prison in 2016. Jenna highlighted the tenacity that was instilled in her, through unconditional support, coupled with her own determination to succeed in breastfeeding. Figures from 2011–2012 obtained from Birth Companions demonstrate an increased prevalence in the initiation and prevalence of breastfeeding.

Table 1. Initiation of breastfeeding by prisoners at Holloway prison between 2011–2012.



Birth Companions, 2012.

Table 2. Prevalence of breastfeeding by prisoners at Holloway Prison between 2011–2012.**Birth Companions, 2012.****Pregnancy and early parenting groups supporting feeding choices**

Some of the women interviewed had attended pregnancy groups where feeding choices were discussed and early parenting groups where they were supported in their feeding choices. Research undertaken by Thomson & Balaam (2016) demonstrated that vulnerable women who received support in the form of pregnancy groups felt better prepared for birth and were more likely to breastfeed than vulnerable women who did not receive the same support (Thomson & Balaam 2016). Jenna talked to me about the support groups she attended:

'I'll always remember the breastfeeding groups and they were so nice, it was a bit of escapism, you can just talk about your worries and concerns... from those groups I was determined to breastfeed.'

The determination expressed by Jenna was enhanced by the supportive, non-judgmental ethos of the pregnancy groups. The findings from Thomson & Balaam (2016) warrant replication. Further, the Department of Health (DH) should consider the findings and increase economic input to maximise the provision of bespoke pregnancy groups.

Breastfeeding and bonding in prison

There are 12 female prisons in the UK and six MBUs (Ministry of Justice *et al* 2016). Approximately 50% of women will gain a place with their baby on a MBU (Kennedy *et al* 2016) with the remaining 50% being separated from their babies shortly after birth. Becky gained a place on a MBU. Incarcerated for a non-violent crime, Becky's story appeared in the *Practising Midwife* in October 2016 (Abbott 2016) where she described her inner struggles. On the one hand she did not want to bring her baby into a prison setting but equally, once she breastfed, Becky knew that she could not let her baby go. Becky had

gained a place on a MBU and therefore was able to remain with her daughter until she was released from prison.

'When I first went in I said to my partner I don't want her in here, I didn't want her in this environment... But as soon as I had her and I put her on my breast, I fed, she was staying with me. I thought: "it's not nice in here for her, it's not good for her in here" but as soon as I fed it's different isn't it.' (Becky)

Kylie was 17 when she had her first baby as a prisoner. She gained a place on a MBU and was able to breastfeed, like Jenna, with the support of Birth Companions. Kylie talked about how she bonded with her daughter and reflected that if she had been on the outside, she would not have had the intense one-to-one time and may not have breastfed:

'At night when the door shuts, I'd go and fill up one of those baby baths and have it on my floor and just give the baby a bath by herself. Or I'd get the oil out and, I mean, you've got so much time to just sit there and look at this kid...' (Kylie)

Becky described how she had bonded with her daughter, and how breastfeeding had cemented the bond:

'Because I have never had a child and that bond with a child.... I didn't really know how strong the bond would be and when you have that and you are breastfeeding you can't break that bond and nothing can come close to it...'

There are currently 75 places for mothers and babies in the female prison estate and it is estimated that there are presently less than 50 women and babies residing in MBUs (Ministry of Justice *et al* 2016). However, recent studies (Albertson *et al* 2012, Thomson & Balaam 2016) demonstrate the benefits to mother and child bonding when places are granted. The contrast I found in the TIP study demonstrated how women who were given the opportunity to bond and care for their babies on a MBU, continued to have close and loving relationships with their children. Opportunity for behavioural change is significant when a woman is pregnant, and compounded by their capacity to breastfeed, due to their willingness to invest in their child (Caddle & Crisp 1997). A number of women, upon release from prison and a MBU, who were also in loving relationships, left their criminal lifestyle in the past and gained future employment.

Initiating breastfeeding whilst under prison officer guard

Female prisoners in England are usually accompanied to all hospital visits and during transfers with prison officers (Abbott 2015). Initiating breastfeeding highlighted a number of issues. Women spoke of their embarrassment and awkwardness. The embarrassment

Lori felt at being watched whilst trying to breastfeed exacerbated her distress:

'He [prison officer] was sitting in front of me so if I wanted to breastfeed that was awkward.... I'm thinking oh my God, she's crying, I've got to feed her!'

Thelma told me that she had to have two officers present at all times and they were often men which was especially uncomfortable for her.

'It was awful. Awful, especially - because I'm quite body conscious, and to have to sit in a room with a male officer there.... when you're body conscious like that, it's not nice. I was trying to breastfeed and felt dead uncomfortable and really awkward.'

It is known that the female prison population consists of women who have suffered trauma in childhood such as sexual abuse, neglect and physical violence (Carlen & Worrall 2004). Survivors of sexual abuse risk exacerbated shame and distress when placed in situations that replicate their feelings of exposure and vulnerability. Therefore to be required to breastfeed in front of male prison officers risks triggering reenactment of past abuse (Covington 2008), which may lessen the likelihood of successful breastfeeding.

Women withdrawing from methadone

Current research validates the view that breastfeeding and expressing breastmilk whilst taking controlled and prescribed methadone can be safe (Philipp *et al* 2003, Jansson *et al* 2004, Jansson *et al* 2008). Ellie had been able to keep her baby with her on a MBU whilst taking prescribed methadone and although she had three children already, her fourth child, whom she gave birth to whilst in prison, was the first baby she had breastfed:

'I was only on 40 ml of methadone when Georgia was born. It had no effect whatsoever, because I was on just 40 ml of methadone.' (Ellie)

Ellie was quite typical of some of the women I met who I identified in TIP as 'safe haven women' (Abbott 2016). These women found the support of the prison environment one step away from the chaos of outside, where homelessness, drug addiction and abuse are commonplace. Ellie told me that had she been in the community, her lifestyle may have led to her continuing to take street drugs:

'If you're in the community, I'd have been mixing it with heroin and she would have withdrew.'

Ellie, who had children removed from her care by social services in the past, believed that prison had saved her, but acknowledged that being given a chance to be a mother to her baby was the impetus she needed to change and stop using class A street drugs. Ellie was clear that had she not been given the opportunity, she would have spiraled back into a self-destructive cycle of self-abuse.

Breastfeeding and anticipating separation

Women who had been told that they will be separated from their babies would often express their anxieties about not being able to breastfeed. Stacey (a primigravida) felt confused about what she could do, especially as she was due for release shortly after her estimated date of birth:

'I am planning on breastfeeding but it will, depend on what happens. I mean if I have to, if I am away from her for 2 or 3 days I will be able to stop breastfeeding and start again when I come out. I am hoping that if I have got 2 or 3 days that the hospital will just keep me in knowing that I do want to breastfeed.'

Stacey felt hopeful that the hospital staff would keep her on the maternity unit, however, she was returned to the prison without her baby. In spite of this she was able to spend the time she did have with her daughter bonding and breastfeeding.

'I didn't know whether I was keeping her or not keeping her, but I thought, no, I need to give what's best for her. So I went straight to breastfeeding, and I thought, if she does have to go home, then that's just something that I'll have to deal with.'

Expressing breastmilk post-separation

There is scarce research into the area of women expressing breastmilk post-separation from their babies. However, during the course of my TIP research, two women who consented to follow-up interviews were expressing breastmilk for their babies who were being cared for in the community. The complexities of Lena and Stacey's emotions as separated mothers reflected the ambiguity they both felt; wanting to give their babies 'the best', whilst being apart, validating how they wished to enhance bonding and promote connectedness with their newborns.

Of note, despite Lena's long sentence she continued to express breastmilk for her newborn son to be collected by foster carers:

'... I know I always go on about breastmilk, but I just think it's amazing because your body makes what your child needs, because it's customised, isn't it, for your child? I just don't want him to miss out on anything.'

Women who wished to express would talk to me about the difficulties they were having in prison with the logistics of the system. Stacey spoke to me about the complications she was having at night when there was nobody to collect her expressed breast milk (EBM):

'As soon as my door's locked and I'm doing one [EBM] about between nine and ten, and then one again about three or four in the morning; and they're not collecting it. Last night I did one and they gave me ice packs, but the ice packs aren't cold enough to be able to freeze the milk.'

Women were unable to access the correct equipment to express, as Lena told me:

'I haven't even seen this pump yet, and I want my – what I'm trying to stress to them is, I don't want my son to have to have formula at all. So I need to get this ball rolling.'

The numbers of pregnant women in prison each year is estimated to be around 6% of the prison population (Albertson *et al* 2014). Therefore, numbers of women who may be expressing milk for babies who have been separated from them is very small. However, the Birth Charter sets out standards for women who may wish to EBM, including having adequate facilities (fridges in their rooms and pumps) which would standardise care across the prison estate (Kennedy *et al* 2016).

Lactation sensations in mothers who are separating

The emotional suffering of women being separated from their babies and returning to prison in the postnatal period was something that was shared during interviews. There is little evidence about the experience of separation from the woman's perspective. However we know that women separating from their babies are at high risk of mental health problems as the recent suicide of one separated woman demonstrated (Parveen 2016). The anguish of feeling the sensations of lactation following separation of her baby was something that Lena put into words:

'You know that feeling, us mum's know, with my others, my baby only had to cry and I'd start leaking milk, because you just know. You get that tingling sensation when you're due a feed. A foster carer is not going to feel like that when my baby cries, and that's the hardest thing.'

Klara described similar feelings to Lena of being recently separated from her baby whom she had been breastfeeding in hospital prior to transfer back to the prison:

'It is horrible, I know it sounds weird, but when my boobs were like..., oh, is this the time that she's meant to have her feed, if you know what I mean? I do just feel like I've had a baby and I've passed her over, and now I've got nothing left, so it's not nice.'

MMBRACE-UK's *Saving lives* report states that separating women are especially at risk of self-harm and suicidal ideation (Knight *et al* 2016) and the Birth Charter recommends that women recently separated from their babies should be given extra support (Kennedy *et al* 2016). Lena and Stacey were supported in their choices to express milk for their babies, however, neither woman had the opportunity to attend support groups nor did they receive specialist provision whilst they adapted to motherhood without their babies. Klara was not expressing milk for her baby and had not been given the opportunity. The separation she felt, expressed in her words *'now I've got nothing left'*, was particularly poignant as Klara's

demeanor suggested a numbness that being empty of milk symbolised a void in her, as she faced the loss of her baby.

Feeding a newborn baby on weekly visits

Unlike Klara, both Lena and Stacey were permitted weekly visits with their babies and were able to breastfeed. Lena spoke about how her son would seem to feed the whole visit in order to get as much from his Mum as possible:

'I'll feed him, wind him and then he'll go to sleep, but then he'll wake up again and want me to feed him again. It's like he wants to spend the whole two hours feeding, because I think he must know that I've only got two hours, I need to get as much as I can. Yeah, but, oh, it's so lovely.'

Lena talked of the ambiguity when saying goodbye following a visit:

'When I have to say goodbye to him I feel like it's like the worst thing in the world! I wish I could just have a visit every day, see him every day, or just... I really miss him.'

Some women, due to long sentences or for child protection reasons, may not gain a place on a MBU with their baby (Abbott 2016). However, it is encouraging that the prison enables some of these women to have regular visits with their baby, although this may also depend on the willingness of the babies' carer to travel to the prison.

Being sent to prison as a new mother

One woman who consented to interview had been separated from her three-week-old baby following being sentenced to prison for 18 months for a non-violent crime. Pat was a single mother and had been breastfeeding her baby.

'They sent me to prison knowing that I had a three-week-old baby. I was breastfeeding, so I feel very upset that they took the right away from me that I couldn't continue to breastfeed; because I went to [prison A] and then I was separated for two months from him, so I saw him twice within those two months on a visit for an hour.'

Pat felt angry at how she had been treated by the courts. Kennedy *et al* (2016) espouse that breastfeeding mothers should have an opportunity to be able to have their babies with them on a MBU much sooner than is current practice. Pat waited for two months to have her baby reunited with her due to the paperwork and permissions required. She told me of her distress:

'I feel very upset about that, because I feel like even animals are treated better because they don't get separated from their mum until six weeks. I'm a human and he'd got three weeks from me, so I feel it needs to be looked at in terms of, if you are going to

send mothers to prison make sure before you send them that the paperwork is in place that their babies are going with them straightaway.'

Pat was reunited with her baby on a MBU after two months but was unable to reestablish breastfeeding and had not been able to express breastmilk in prison. The difficulties were compounded due to the prison being a long journey from her home.

Conclusion

To conclude, thorough analysis of women's experiences of breastfeeding, bonding and expressing breastmilk whilst in prison have revealed the following sub-themes: feeding choices when anticipating separation; lactation sensations when separating; withdrawal from methadone; breastfeeding on visits; expressing breastmilk; initiating breastfeeding when under prison guard; and being sent to prison as a breastfeeding mother. Women such as Lena and Stacey voiced their sense of frustration in getting the correct equipment and having milk collected at night whilst Pat expressed her anger at having been separated from her three-week-old baby whom she felt she had no choice but to cease breastfeeding. Women such as Becky, Kylie and Jenna spoke of the supportive environment of a MBU, coupled with the sustenance of pregnancy and early parenting groups which increased their determination to breastfeed their babies. Ellie spoke of her withdrawal from methadone and how being given a chance to be a mother on a MBU also meant that she was able to breastfeed and to change her once self-destructive behaviour. Conversely, women such as Klara, who was separated from her baby and therefore not given an opportunity to express, led her to experience feelings of numbness as her milk dried up. The incarcerated pregnancy research focused upon women who were pregnant or who had given birth as prisoners, however, the experiences of women breastfeeding, wishing to breastfeed and those who were denied the choice became an important part of the narrative as women shared their stories and experiences.

Acknowledgements

Thank you to the women who agreed to be interviewed as part of TIP research. Your voices are being heard. Thank you to my research supervisors Dr Tricia Scott (co-author) and Dr Kathy Weston for their unwavering support. With thanks to Abbi Ayers, breastfeeding support and prison coordinator for the charity Birth Companions for the Holloway statistics.

Laura Abbott, Senior Lecturer at the University of Hertfordshire.

Dr Tricia Scott, Principal Lecturer, Centre for Research in Primary and Community Care at the University of Hertfordshire.

References

- Abbott L (2015). A pregnant pause: expecting in the prison estate. In: Baldwin L ed. *Mothering justice: working with mothers in criminal and social justice settings*. 1st ed. Hampshire: Waterside Press:185-210.
- Abbott L (2016). Becoming a mother in prison. *Practising Midwife* 19(9):8-11.
- Albertson K, O'Keeffe C, Lessing-Turner G et al (2012). *Tackling health inequalities through developing evidence-based policy and practice with childbearing women in prison: a consultation*. Project Report. Sheffield, Sheffield Hallam University. <http://shura.shu.ac.uk/7048/> [Accessed 14 February 2017].
- Albertson K, O'Keeffe C, Burke C et al (2014). Addressing health inequalities for mothers and babies in prison: findings from a consultation exercise. In: Tod AM, Hirst J eds. *Health and inequality: applying public health research to policy and practice*. Oxon: Routledge:39-47.
- Brown AE, Raynor P, Benton D et al (2010). Indices of Multiple Deprivation predict breastfeeding duration in England and Wales. *European Journal of Public Health* 20(2):231-35.
- Caddle D, Crisp D (1997). *Imprisoned women and mothers: Home Office Research Study 162*. London: Home Office.
- Carlen P, Worrall A (2004). *Analysing women's imprisonment*. Cullompton, Devon: Willan Publishing.
- Covington SS (2008). Women and addiction: a trauma-informed approach. *Journal of Psychoactive Drugs* 40(suppl 5):377-85.
- Entwistle F, Kendall S, Mead M (2007). The promotion of breastfeeding among low-income women: midwives' knowledge and attitudes following a WHO/UNICEF breastfeeding management course. *Evidence-Based Midwifery* 5(1):29-34.
- Horta BL, Victora CG (2013). *Long-term effects of breastfeeding: a systematic review*. London: World Health Organization. http://apps.who.int/iris/bitstream/10665/79198/1/9789241505307_eng.pdf [Accessed 14 February 2017].
- Jansson LM, Velez M, Harrow C (2004). Methadone maintenance and lactation: a review of the literature and current management guidelines. *Journal of Human Lactation* 20(1):62-71.
- Jansson LM, Choo R, Velez ML et al (2008). Methadone maintenance and long-term lactation. *Breastfeeding Medicine* 3(1):34-7.
- Kennedy A, Marshall D, Parkinson D et al (2016). *Birth charter for women in prisons in England and Wales*. London: Birth Companions. http://www.birthcompanions.org.uk/media/Public/Resources/Ourpublications/Birth_Charter_Online_copy.pdf [Accessed 14 February 2017].
- Knight M, Nair M, Tuffnell D et al on behalf of MBRRACE-UK (2016). *Saving Lives, Improving Mothers' Care - Surveillance of maternal deaths in the UK 2012-14 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-14*. Oxford: National Perinatal Epidemiology Unit, University of Oxford.
- Ministry of Justice, National Offender Management Service, HM Prison Service (2016). *Prison population figures: 2016*. <https://www.gov.uk/government/statistics/prison-population-figures-2016> [Accessed 14 February 2017].
- Parveen N (2016). Prisons ombudsman investigates death of new mother taken off suicide watch. *Guardian*, 9th February, https://www.theguardian.com/society/2016/feb/09/new-mother-killed-herself-prison-shortly-after-taken-off-suicide-watch?CMP=share_btn_gp. [Accessed 14 February 2017].

Philipp BL, Merewood A, O'Brien S (2003). Methadone and breastfeeding: new horizons. *Pediatrics* 111(6 Pt 1):1429-30.

Pound CM, Unger SL (2012). The Baby-Friendly Initiative: protecting, promoting and supporting breastfeeding. *Paediatrics and Child Health* 17(6):317-21.

Pugh LC, Milligan RA, Brown LP (2001). The breastfeeding support team for low-income, predominantly-minority women: a pilot intervention study. *Health Care for Women International* 22(5):501-15.

Thomson G, Balaam MC (2016). *Birth Companions research project: experiences and birth outcomes of vulnerable women.*

University of Central Lancashire, The Whittington Hospital and Birth Companions collaboration. http://www.birthcompanions.org.uk/media/Public/Resources/Ourpublications/1486636153Birth_Companions_Research_Project_UCLan.pdf [Accessed 1 March 2017].

Victoria CG, Bahl R, Barros AJD *et al* (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet* 387(10017):475-90.

Abbott L, Scott T. MIDIRS Midwifery Digest, vol 27, no 2, June 2017, pp 217-223.

Original article. © MIDIRS 2017.
