Meeting the needs of pregnant women and new mothers in prison

Laura Abbott
Associate Professor (Research), Registered Midwife, University of Hertfordshire, UK

There are 12 women's prisons in the United Kingdom and six have Mother and Baby Units (MBU) attached. Approximately 5% of the total prison population consists of women (Abbott, 2018). The heightened vulnerability of pregnant women within prison environments is well-documented, with increased risks of miscarriage and pregnancy complications (Davies et al., 2022; 2020; Bard et al., 2016; O'Keefe & Dixon, 2015). The experience of pregnancy within the confines of a prison environment is marked by isolation, fear and feelings of loss (Abbott et al., 2023). There are also opportunities for the experience to be transformative should a woman be granted a place on an MBU with her baby (Abbott, 2018). However, for women who are separated from their babies, they endure a disenfranchised grief and are at risk of psychological harm (Abbott et al, 2023b).

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In the UK, inquiries by the Ombudsman into two newborn baby deaths (baby Brooke Powell and baby Aisha Cleary) and the suicide of a postpartum woman (Michelle Barnes) within prison settings have raised considerable alarm, prompting regulatory responses (Prison and Probations Ombudsman (PPO), 2022; 2021). Following these numerous investigations, all pregnancies occurring in prisons are now categorised as 'high risk' (NHS England, 2022; MBRRACE-UK, 2021). Recent regulatory amendments introduced by the Sentencing Council demonstrate the imperative of factoring in perinatal women's health during sentencing and of advocating for prioritisation of community-based alternatives to prison, particularly for pregnant and postpartum women (Sentencing Council, 2024).

Specialist midwives provide maternity care for women in prison with support from psychological and health care services. Pregnancy and Mother and Baby Liaison Officers (PMBLOs) are Prison Officers who provide additional support to women who are pregnant, have babies with them or who have been separated from their babies. The Lost Mother's project (www.lostmothers.org), funded by the Economic and Social Research Council in collaboration with the charity, Birth Companions (2021; 2019), seeks to explore the dynamics between incarcerated women, midwives, health visitors, social workers, and Criminal Justice System (CJS) staff when decisions are made about separation of newborns from their mothers. Initial findings reveal that women often lack crucial information, feel disempowered and emotionally distraught, yet appreciate the additional support provided by midwives and PMBLOs (Abbott et al., 2024).

VULNERABILITIES OF PREGNANT WOMEN IN PRISON

Pregnant women in prison face a multitude of specific vulnerabilities that heighten their risk for adverse health outcomes. A majority of women in prison come from backgrounds of deep trauma and many have subsequently abused drugs and alcohol. A large number have been Looked After children and have experienced homelessness and domestic violence (Baldwin & Epstein, 2017). Substandard living conditions in prison compound risks for women, with inadequate nutrition and hygiene facilities posing significant threats to maternal and fetal health (Abbott et al., 2024; Capper et al., 2023). Separation from family and support networks deprives pregnant women of essential emotional and practical support, exacerbating feelings of isolation and stress. Women who are separated from their babies describe this trauma as 'heartbreaking' and 'the worst thing that has ever happened to me' and are especially vulnerable to mental ill health requiring specialist support.

THE NEEDS OF PREGNANT WOMEN IN PRISON

Limited access to antenatal education, resources and support services, coupled with increased risk of mental health issues such as depression

Best Practice Ideas

1. **Accessible Antenatal Care:** Ensuring pregnant women in prison have access to comprehensive antenatal care, including regular check-ups, screening, and medical interventions to address health concerns or pregnancy complications.
2. **Mother and Baby Units (MBUs):** Including Mother and Baby Units within prisons, but also providing more units outside prisons so that mothers and infants can reside together, with access to specialised support and services tailored to their needs.
3. **Parenting Support Programs:** Offering programs that equip incarcerated women with knowledge and skills to care for their infants, promote positive parent-child relationships, and prepare for reintegration into the community.
4. **Mental Health Support:** Providing access to mental health support services for incarcerated women perinatally, addressing psychological stress, anxiety, and depression associated with incarceration and motherhood.
5. **Continuity of Maternity Care:** Ensuring continuity of maternity care for pregnant women and new mothers separated from their babies, including access to breastfeeding support, postnatal care, and maternal-infant bonding interventions.
6. **Staff Training:** Providing comprehensive training for prison staff on the needs of pregnant women and new mothers, including recognising signs of distress, promoting maternal-infant bonding, and facilitating access to support services.
7. **Holistic Reintegration Support:** Implementing programs for pregnant women and new mothers on release from prison, addressing housing, employment, healthcare, and family reunification to promote successful community reintegration and reduce recidivism.

and anxiety, underscores the need for tailored healthcare interventions and support programs to address the unique needs of pregnant women in prison (Pitfield et al., 2023; Dolan et al., 2019). Specialist midwives who are expert in prison midwifery can now provide individualised care tailored to the needs of the prison population. This has not always been the case and until recently, prison midwifery was frequently an add-on to the community workload and often left women without midwifery cover during periods of sickness or annual leave (Abbott et al., 2023a). Abbott et al. (2024) describe how the prison system itself is 'institutionally thoughtless' regarding the needs of pregnant women in prison. A scoping review by Capper et al. (2023) found that there is an urgent need for a standardised approach to nutrition for pregnant incarcerated women worldwide, emphasising the importance of prioritising and providing an adequate diet to safeguard the health of both women and their babies. Access to education programs, childbirth classes, and breastfeeding support services help to empower pregnant women with the knowledge and skills needed for a healthy pregnancy and childbirth experience. Additionally, pregnant women in prison need access to mental health support services to address the psychological stress, anxiety, and depression often associated with incarceration during pregnancy. Opportunities for maternal-infant bonding, including skin-to-skin contact and breastfeeding support, are crucial for promoting positive maternal-infant relationships and infant development. Finally, pregnant women in prison need help to maintain connections with their families and support networks, as well as assistance with reintegration into the community post-incarceration to ensure continued access to healthcare and support services for themselves and their infants.

WHAT CARE CAN BE PROVIDED?

Midwives are the lead professionals caring for pregnant women and new mothers in prison. The Prison Midwives Action Group (PMAG), set up to support midwives who work in prisons, enables best practice to be shared. In some prisons, there is a multi-disciplinary team of psychologists, mental health nurses, social workers, obstetricians, PMBLOs and peer supporters. Charities such as Birth Companions provide additional support and antenatal education in some prisons. When a woman is on the main prison wings, the environment can be noisy and frightening but Mother and Baby Units are usually much calmer with a team of expert staff, including early years practitioners, available for support.

MOTHER AND BABY UNITS

Mother and Baby Units (MBUs) represent a vital resource within the prison system, with six such units established nationwide (Abbott et al., 2023b; Powell et al., 2020). These units offer accommodation for women and their babies, providing a nurturing environment until the child reaches 18 to 20 months of age. However, they are often far from the woman's home making it difficult for other children to visit. Staffed by early years practitioners, MBUs offer specialised support, fostering maternal-infant bonding and attachment and promoting positive parenting skills. Despite being situated within the prison premises, MBUs are typically separate from the main prison population, affording women the

Case Study: Jenna's Journey Through Pregnancy in Prison

Background
Jenna was sentenced to prison for 12 months for the first time for a non-violent crime. Her entry into the prison system coincided with the discovery of her pregnancy. As a first-time mother, Jenna faced an array of daunting challenges and fears, compounded by the stress and isolation of incarceration.

Initial Challenges
The initial period in prison was particularly stressful for Jenna. Not knowing what to expect and trying to navigate her new environment while pregnant added to her anxiety. She attempted to hide her growing pregnancy bump, fearing the reactions of others and the potential consequences of being visibly pregnant in prison.

Living Conditions
Jenna's experience was marred by poor living conditions. The food quality was inadequate, causing her to lose weight at a time when proper nutrition was crucial. She heard horror stories from other women about giving birth in their cells because they couldn't get medical help in time. These stories amplified her fears about her own pregnancy and impending childbirth.

Emotional and Physical Strain
The physical discomfort of being pregnant in prison was relentless. Jenna found it difficult to sleep comfortably and couldn't eat when she wanted to. She often felt scared and lonely, locked up for long periods with limited support. Her family lived two hours away, making frequent visits nearly impossible and adding to her sense of isolation.

Support Systems
Despite the harsh environment, Jenna found some solace in the support provided by the Pregnancy Mother and Baby Liaison Officers (PMBLOs), a compassionate midwife, and other women in similar situations. This network offered her emotional support and practical advice, though it couldn't fully alleviate her fears and discomfort.

Concerns About the Future
One of Jenna's greatest fears was the uncertainty surrounding her ability to stay with her baby after birth. She desperately wanted a place in a Mother and Baby Unit, but there was no guarantee she would get one. The possibility of being separated from her baby at birth was a constant source of anxiety. This fear prevented her from forming a strong emotional bond with her unborn child, as she worried it might make any potential separation even more painful.

Emotional Toll
The emotional toll of her situation was immense. Jenna often cried at night, hiding her tears from others to avoid being placed on suicide watch. The loneliness and sadness she felt were profound, and she struggled to maintain her mental health under such trying circumstances.

Conclusion
Jenna's case highlights the profound challenges faced by pregnant women in prison. Her story underscores the need for better support systems, improved living conditions, and more humane policies to ensure that pregnant inmates receive the care and consideration they deserve. The support from PMBLOs, midwives, and fellow women was invaluable, but systemic changes are crucial to address the broader issues faced by women like Jenna.

opportunity to engage in educational or vocational activities while also caring for their babies. Importantly, infants in MBUs are not considered prisoners and may enjoy day visits or overnight stays with family members outside the prison. However, in cases of poor behaviour on the Unit, women may be temporarily or even permanently separated from their babies, who are placed in community care. Overall, the presence of MBUs has the potential to be transformative for both women and babies, offering a supportive environment conducive to positive maternal and infant outcomes.

TRANSITION INTO COMMUNITIES

When pregnant women leave the prison environment and re-enter communities, a seamless transition is crucial. Access to continued healthcare, mental health services, and community support helps ensure a smooth reintegration for both the mother and child. Collaboration between prisons and community resources is therefore essential for sustained care post-release.

BEST PRACTICE IDEAS:

Best practices involve a holistic approach that combines maternity care, mental health support, and educational programs. Creating a supportive community within the prison, fostering empathy among staff, and facilitating family connections can positively impact the experiences of incarcerated pregnant women. Implementing trauma-informed care practices is

key. There are already some prisons providing excellent facilities and team-working, and charities such as Birth Companions are leading the way in how to support and care for women involved in the criminal justice system.

BIRTH COMPANIONS

Birth Companions works to improve the lives of women and babies who experience inequality and disadvantage. It provides services for women and babies, and works to create positive change in the maternity, criminal justice, social care and immigration systems.
birthcompanions.org.uk

CONCLUSION

Recent inquiries into newborn baby deaths and maternal suicides within prison environments have underscored the urgent need for regulatory responses and improved healthcare provision. Ultimately, a concerted effort is needed to ensure that pregnant women in prison receive the necessary care and support to navigate their pregnancies safely and with dignity.

REFERENCES

Abbott, L.J., 2018. The incarcerated pregnancy: an ethnographic study of perinatal women in English prisons. University of Hertfordshire.

Abbott, L., Scott, T., Thomas, H. (2023a) Experiences of midwifery care in English prisons. Birth, 50(1):244-251.

Abbott, L., Scott, T., Thomas, H. (2023b) Compulsory separation of women prisoners from their babies following childbirth: Uncertainty, loss and disenfranchised grief. Sociology of Health & Illness, 45(5):971-988.

Abbott, L., Scott, T., Thomas, H. (2024) Institutional thoughtlessness and the incarcerated pregnancy. Criminology & Criminal Justice, 0(0). https://doi.org/10.1177/17488958241228995.

Baldwin, L., Epstein, R. (2017) Short but not sweet: A study exploring the impact of short custodial sentences on mothers and their children. De Montfort University: Oakdale Trust. Available at: https://www.nicco.org.uk/userfiles/downloads/5bc45012612b4-short-but-not-sweet.pdf <accessed 29 May, 2024>

Baldwin, L., Abbott, L. (2023) The persisting pain of incarcerated pregnancy and new motherhood. In: Abbott, L. & Baldwin, L. (2023) Pregnancy and New Motherhood in Prison. Bristol Policy Press: 93-120.

Birth Companions (2019) Birth Charter Toolkit. Available at: https://www.birthcompanions.org.uk/resources/135-the-birth-charter-toolkit <accessed 17 January, 2024>

Birth Companions (2021) A Window of Opportunity: Understanding the needs and experiences of pregnant women and new mothers in contact with the criminal justice system in the community in England. Available at: https://hubble-live-assets.s3.amazonaws.com/birth-companions/redactor2_assets/files/315/A_window_of_opportunity_Clinks_and_Birth_Companions_FINAL_2021.pdf. <accessed 29 May, 2024>

Capper, T.S., Baldwin, A., Abbott, L., Briley, A., Shlafer, R. (2024) How are the dietary needs of pregnant incarcerated women being met? a scoping review and thematic analysis. Maternal and Child Health Journal, 28:253-266..

Davies, M., Rolewicz, L., Schlepper, L., Fagunwa, F. (2020) Locked out? Prisoners' use of hospital care. Research summary. Nuffield Trust.

Davies, M., Hutchings, R., Keeble, E. (2022) Inequality on the inside: Using hospital data to understand the key health care issues for women in prison. Report. Nuffield Trust.

Dolan, R., Shaw, J., Hann, M. (2019) Pregnancy in prison: Mother and Baby Unit admission and impacts on perinatal depression and 'quality of life'. The Journal of Forensic Psychiatry & Psychology, 30(4):551-569.

MBRRACE-UK (2021) Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland. Confidential Enquiries into Maternal Deaths and Morbidity, 2017-19.

NHS England (2022) Care of women who are pregnant and postnatal in detailed settings service specification. Available at: https://www.england.nhs.uk/publication/care-of-women-who-are-pregnant-and-post-natal-in-detained-settings-service-specification/ <accessed 29 May, 2024>

Pitfield, C., Binley, J., Soni, S., Pontvert, C., Callender, M. (2023) A rapid evidence review of clinical risk factors for poor perinatal mental health in women's prisons in England. The Journal of Forensic Psychiatry & Psychology, 34(3-4):297-317.

Powell, C., Ciclitira, K., Marzano, L. (2020) Overwhelmed and powerless: Staff perspectives on mother–infant separations in English prisons. Journal of Criminal Psychology, 10(4):311–328.

Prisons and Probation Ombudsman (PPO) (2021) Independent investigation into the death of Baby A at HMP Bronzefield on 27 September 2019. Available at: https://s3-eu-west-2.amazonaws.com/ppo-prod-storage-1g9rkhjhkjmgw/uploads/2021/09/F4055-19-Death-of-Baby-A-Bronzefield-26-09-2019-NC-Under-18-0.pdf <accessed 25 January, 2024>

Prisons and Probation Ombudsman (PPO) (2022) Independent investigation into the death of Baby B at HMP&YOI Styal on 18 June 2020. Available at: https://s3-eu-west-2.amazonaws.com/ppo-prod-storage-1g9rkhjhkjmgw/uploads/2022/01/F4376-20-Death-of-Baby-B-Styal-18-06-2020-NC-Under-18-0.pdf <accessed 25 January, 2024>

Sentencing Council (2024) Imposition of community and custodial sentences guideline – revised: Consultation. Available at: https://www.sentencingcouncil.org.uk/publications/item/imposition-of-community-and-custodial-sentences-guideline-revised-consultation/ <accessed 29 May, 2024>