

## **Policy Watch**

### **Special Issue: Treatment of Pregnant Incarcerated Women**

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#### **Introduction**

Victoria, a prisoner in a Louisiana state prison, was required to get a court order to abort her fetus. However, because of procedural delays, that abortion never happened. She was released from prison prior to giving birth, but she was too far along in the pregnancy to get a legal abortion. She was forced to give birth to the child, who she then placed with foster parents (Avalon, 2011). This example touches upon only a few of the issues regarding pregnant women who are incarcerated and the care they receive.

#### **Shackling**

It is estimated that 6%–10% of females who enter prison or jail are pregnant upon entry. Moreover, many who give birth while incarcerated are shackled to the bed, as policy requires it in federal and most state prisons. These types of restraints can cause complications during childbirth, not to mention the mental and emotional struggles, which may lead females to seek an elective abortion (Avalon, 2011). This policy has recently come under attack. As of 2016, there are 13 states that still have no policy against using restraints on pregnant inmates, and the states that limit restraints during childbirth can still use them while transporting the inmate (DeAngelis, 2016). On the local level, more than 17% of jails require females to be shackled both during and after delivery, and more than half restrain right after delivery (DeAngelis, 2016).

#### **Prenatal Care**

Professor Danielle Dallaire studied healthcare received by pregnant women in jail and found that out of the 53 jails surveyed, less than half give pregnancy tests to female inmates when they arrive, and less than half provide supplements or healthy food for pregnant women. The Federal Bureau of Prisons (BOP) stated that female inmates are offered medical and social assistance concerning pregnancy, birth control, and child placement as well as abortions. Inmates are screened for pregnancy upon arrival and if pregnant, arrangements are made with service agencies outside of the prison to help the inmate find suitable arrangements for the child once born. If the inmate chooses to give birth to the child and plans to reconnect once released from incarceration, the BOP has a community residential program called Mothers and Infants Nurturing Together (MINT). This program is available to low-risk inmates who are pregnant, have less than five years left on their sentence, and are eligible for furlough. However, they must have already found suitable arrangements for the child after the birth. Females can enter the program in their last three months of pregnancy and have three months after giving birth to bond with their child before leaving to return to complete their sentence. The inmate's unit team decide if an inmate will be allowed to attend this program or not. While in the MINT program, the inmate attends classes regarding pregnancy and childbirth, parenting, and coping skills. MINT also offers substance addiction treatment, sexual and physical abuse therapy, budgeting classes, and educational programs (BOP, 2016).

### **Bonding**

Depending on the geographic location, the time a child is allowed to stay with his or her mother after birth varies. In some prisons, the incarcerated mother may have access to their child until age six. However, New York only allows mothers to keep their infants up until the baby

turns one. On the other hand, some prisons allow children to live with their mother while in prison, regardless if they were born while the mother was incarcerated or not (Reichel, 2013).

### **Cost**

Medical care is costly, particularly for pregnant inmates. However, if reproductive health services were provided adequately, it would generate considerable cost savings for correctional facilities (Clarke et al., 2006).

### **Recommendations**

The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists made guidelines for the standards of care that pregnant women should receive while they are incarcerated. First, upon intake, an assessment should measure background information on menstrual history, sexual activities, and the use of contraceptives. Additionally, pregnancy tests should be given during the intake process. If the inmate is found to be pregnant, there are guidelines on how to give care to the woman and fetus. They are to be provided with pregnancy counseling, as well as abortion services, and need to receive perinatal care to meet the standards set forth by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists guidelines. Treatment for substance abuse should also be provided, if applicable. A human immunodeficiency virus (HIV) protocol must be administered to avoid transmission during birth. A depression or mental health assessment must be given during pregnancy, and a postpartum depressions screening must be given after delivery. Any related mental illnesses must be treated. To improve overall health, dietary supplements must be provided for those pregnant and breastfeeding inmates. Delivery must be available at a licensed hospital that accommodates high-risk pregnancies if needed. Finally, postpartum contraceptive

means must be provided during incarceration (American College of Obstetricians and Gynecologists, 2016).

### **Action**

In 2014, a unanimous voted upon bill was created, urging states to embrace a thorough bill that limits the use of restraints for pregnant inmates as well as providing them with pregnancy testing and mandatory birth support. The bill also created a legislative advisory committee of representatives from human services, corrections, and public health to improve treatment of pregnant female offenders (DeAngelis, 2016).

### **Conclusion**

While the treatment of incarcerated women is improving, there is still progress to be made. Policies have created safer conditions for pregnant inmates; however, the policies are not always followed as directed. Despite the standards that are set for pregnant inmates, not all of the requirements are being met, which leaves the mother and the child vulnerable to less than favorable conditions. The treatment of pregnant inmates varies, depending on the state and/or the country. The substandard of care for the inmates and fetus have a lasting impact on not only the woman but also possibly the child as well.

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