

Pregnancy in Prisons

Are pregnant women given adequate reproductive treatment while incarcerated?

The Problem

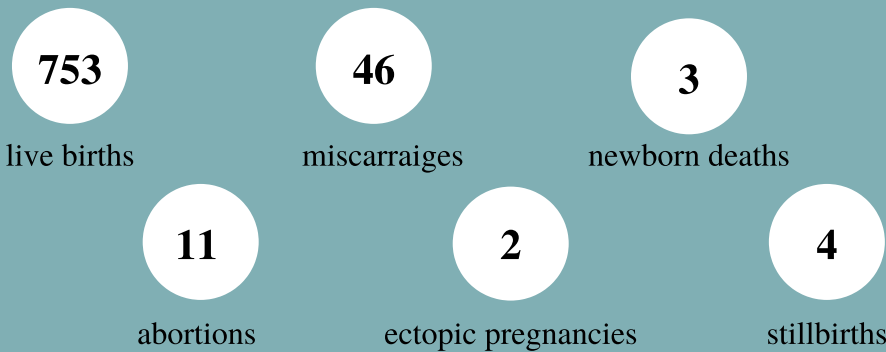
Within the pregnant prison population, most are unable to receive proper neonatal drug treatment, leading to high levels of prenatal mortality and morbidity (Siefert, K., & Pimlott, S., 2001).

The United States has the **highest incarceration rate** of women in the world (Maruschak, Berfzosky, & Unagst, 2015). As most prisons are designed for men, much of the infrastructure is **not suitable for pregnant women** (Skerker et al., 2001). Nutrition in prison is not sufficient to sustain a healthy pregnancy, there are no maternal education programs, and many women are discouraged from breastfeeding (Ocen, 2012). According to a research study, imprisoned women are more likely to deliver prematurely with a lower birth weight (Eckenweiler, 2005). More than half of the United States does not have laws prohibiting shackling women during labor even though it is a potential **human rights violation** (Ocen, 2012). Shackling women during labor can cause serious complications, such as severe cuts and bruising, making it one of the most important problems to address in ensuring adequate reproductive treatment while incarcerated (Thomas, S.Y., & Lantern, J. L., 2017).

Data is being reported from 57% of the imprisoned women population in the United States (Sufirin et al., 2016-2017).

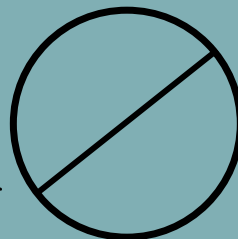
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Women were pregnant at intake



6% of births were premature

There are NO mandatory standards of care for pregnant women in U.S. prisons



Violating the 8th Amendment

The treatment of pregnant incarcerated women can be deemed “cruel and unusual punishment” (Ocen, 2012).

Racial Disparity

Women of color are more likely to be shackled during labor due to historical constructions of race and gender (Ocen, 2012).

Affecting More Than Just the Mother

Poor prenatal care such as smoking and drug use, which are common effects of incarceration, lead to negative effects on the child’s health later in life, suggesting that being incarcerated while pregnant affects more than just the mother (Dumont et al., 2015).

Lacking National Standards

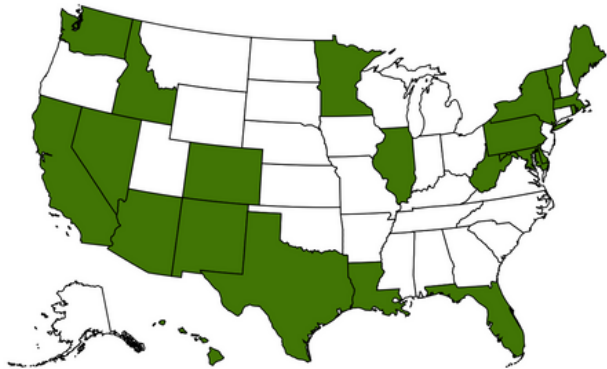
The United States does not have national standards to implement the constitutional right to ensure proper medical access (Roth, 2006).

Risks of Shackling

Shackling refers to pregnant women being **restricted in movement** and restrained by handcuffs and chains while in transport to the hospital, and before and/or during labor (Sufirin et al., 2016-2017). Shackling prisoners is done in an attempt to keep them from escaping, however this practice was designed with men in mind. Most incarcerated women have committed **non-violent crimes** and do not try to escape (Feinauer et al., 2013). Many human rights activists argue that shackling is a **human rights violation** due to the medical risks caused by shackling such as:

- Preventing nurses and doctors from assessing health of the mother and fetus in a timely manner
- Making labor more difficult
- Increasing the risk of falling
- Delaying lifesaving procedures (Amnesty International, 1999).

Nurses and other clinicians can demand shackles be removed during labor. Nurses can also **educate correctional officers** on the best practices for the health care of incarcerated pregnant women. Overall, nurses have the authority to **protect women's safety and well-being** (Nurse-Midwives, 2012, ACOG, 2011).



Green states represent which states have laws prohibiting shackling during pregnancy (Obstetric, 2011).

Racial Construction in Prison

Research shows that black women are more likely to be shackled during pregnancy due to race. Black women are referred as "felons" and "violent" more than other races due to a history of enslavement and harsh punishment of black women in the post-Civil War South. These historical biases stemming from racist origins have allowed the inequality of treatment while pregnant and incarcerated (Ocen, 2012).

Potential Solutions

Being pregnant in prison should not have more negative outcomes than pregnancy outside of prison. To ensure a healthy pregnancy and delivery, policy makers should **require nutritional supplements** that are needed by pregnant and lactating women to be supplied in all prisons. Along with proper diet and nutrition, pregnant women should be placed in women-only prisons that are specifically **designed for women** so that they can support the infrastructure needed to sustain a healthy pregnancy (Skerker et al., 2015). Similarly, during pregnancy and labor, there must be **properly trained medical personnel** to assist in prenatal care and delivery. This solution would require overturning the Supreme Court case, *Estelle v. Gamble*. Medical staff should always be available for pregnant women as they may encounter pregnancy related complications. The medical staff, including nurses, must mandate that shackling not be used during labor. Shackling poses several medical risks and nurses and other healthcare professionals have the authority to mandate that shackles be removed (Nurse-Midwives, 2012, ACOG, 2011).

Overturing *Estelle v. Gamble*

The landmark *Estelle v. Gamble* Supreme Court case explained that an incarcerated individual “must rely on prison authorities to treat his/her medical needs; if the authorities fail to do so, those needs will not be met” overall lessening prisoner rights (*Estelle v. Gamble*, 1976). This decision determined that the United States does not have national standards to implement the constitutional right of access to medical care in prison.

Overturing *Estelle v. Gamble* can strengthen reproductive justice rights for women in prison (Ocen, 2012). If incarcerated women had enough influence policy makers, they would likely receive much better perinatal care (Roth, 2006).

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