



## **Birth Companions' submission to the APPG inquiry into women's health and wellbeing in prisons**

This paper summarises key points of value to the inquiry into women's health and wellbeing in prisons, based on the expertise Birth Companions has in the needs of pregnant women and mothers of infants. It is provided in addition to the oral evidence given to the APPG on 2<sup>nd</sup> March 2021.

### **The situation up until the start of the pandemic**

- The complex needs associated with pregnancy and early motherhood in prison have not been understood, and appropriate care to support these needs has not been provided consistently. This includes women who are separated from their children in prison after birth, and those who separate from babies when they enter prison. Also women who experience miscarriage and still birth, and those who access abortions.
- Access to and quality of healthcare has long been a major issue. For example, [Nuffield Trust research](#) published in 2020 showed 22% of pregnant prisoners missed midwife appointments and 30% missed obstetric appointments in hospital. This is compared with 14% of midwifery appointments and 17% of obstetric appointments missed in the general population.
- We recently saw the deaths of two babies in the estate within the space of nine months. We expect the PPO reports on these, when published, to demonstrate the risks arising from individual and systemic failures to recognise and respond appropriately to women's physical and mental health and wellbeing needs.
- Multiple agencies are involved in women's care – not only prison healthcare teams, but prison staff, who act as conduits and gatekeepers often without appropriate training on pregnancy and postpartum-related health needs; maternity services; perinatal mental health teams, social services, resettlement teams and immigration. These services are complex and difficult to navigate in the community; the barriers created by the prison system make them even more so.
- The prison environment itself creates very significant barriers to the safety and wellbeing of these women and children. For example, the Nuffield Trust research showed that over the course of the year 2017-18 six women gave birth in prison or on the way to hospital; around one in ten births to prisoners that year.
- NHS Digital records obtained by [the Guardian](#) show that 67 babies born in hospital to prisoners or women in police custody were recorded in 2018-19 compared with 43 in 2013-14, with a steady year-on-year increase. Given the paucity of data on pregnancy and birth in prison, these figures are likely to be underestimates.
- The judgement a prison sentence carries with it and the punitive nature of prison can compound women's fear and mistrust in accessing health and wellbeing support from statutory and wider services. Pregnant women and mothers can be deeply anxious about disclosing information

about their mental health, substance misuse or domestic abuse concerns in prison because they fear this will lead to social services deciding to remove their children from their care.

- Building relationships based on compassionate, non-judgemental attitudes and trauma-informed care principles are crucial to overcoming these barriers to enclosure and to supporting engagement, but the challenges of working in this way within the prison environment are considerable.
- Issues with the quality and regularity of communications and the sharing of information within the bureaucracy of the prison system create additional barriers to delivering effective, coordinated women-centred care. Efforts to address this in some prisons, through the creation of Maternity Services Liaison Committees (MSLCs) and Multi-Disciplinary Team (MDT) meetings specific to the needs of pregnant women and mothers have been successful in addressing some of these issues, but are reliant on senior-level buy-in and consistency in staffing.

### **The impact of COVID**

- The pandemic and associated restrictions have compounded the issues described above, particularly impacting on women's mental health and wellbeing. Women have become more isolated than ever before as a result of the changes to the prison regime and are experiencing intense anxiety linked to a lack of contact with their children and families, fears about COVID infection, delays to hearings for remand prisoners, and limits on the range of face-to-face support services.
- The issues women face in prison are mirrored and heightened by issues in the wider community. Maternity services have limited women's access to their partners or supporters during antenatal screening, in labour and during the postpartum period at points during the pandemic; health services have been stretched by staff redeployment and absences due to sickness or self-isolation; and many women's families are facing intense pressure in relation to childcaring, the trauma and grief associated with loss of loved ones through the pandemic, and financial hardship. Specialist services well positioned to respond to these needs have experienced themselves experienced a rise in demand with little resource or funding to respond to this. These wider issues are important to bear in mind as they have an impact on women's health and wellbeing while they are in the prison, at the point of their release, and in the all-important days and weeks after they step through the prison gates.
- Only 25<sup>1</sup> pregnant women and mothers living on MBUs were released from prison through the government's COVID-linked compassionate ROTL scheme. Many more were released 'business as usual' during the pandemic having reached the end of their custodial sentence, yet these women didn't receive the additional pandemic-related support put in place for early releases, such as the higher discharge grant of £80, a mobile phone and credit, support to apply for Universal Credit, and practical essentials to limit the need to visit shops in the first days after leaving prison.

### **Looking ahead**

- There has been a great deal of work done to improve the care of pregnant women and new mothers inside prison walls over recent years, catalysed by our own Birth Charter (2016) and

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<sup>1</sup> Figure relates to the period 31 March – 30 September 2020 and was provided by MoJ via FOI request. Release figures for later dates are as yet unavailable from MoJ but are expected in the coming months.

Birth Charter Toolkit (2020). In particular we are looking forward to the publication in coming months of the first HMPPS Policy Framework setting out mandatory standards relating to pregnancy, birth, Mother and Baby Units and maternal separation from children under the age of two. This and the development of NHS E/I perinatal mental health pathways in prisons offer a real opportunity to change things for the better.

- However, the complexity and risk associated with pregnancy, birth and early motherhood means we believe prison will never be a safe or appropriate place for pregnant women and mothers of young children. For that reason we are deeply concerned by the government's announcement of 500 new prison places for women, including places that will allow women to have their children visit overnight. We believe there should be a focus on supporting women to see their children in their own home, through the mechanism of ROTL for instance, and by using community-based alternatives to prison.
- The existence of Mother and Baby Units already has the potential to deliver unintended consequences in this respect. Sentencers may feel more confident to choose a custodial sentence for a pregnant women or mother with a young infant rather than considering a community-based alternative (which all the evidence shows is, in most cases, by far the best route for addressing the drivers of offending) because they feel intensive support can be provided in an MBU setting. 500 more places will further dilute the positive direction set by the government's Female Offender Strategy to divert women to community-based solutions, thereby perpetuating the issues we see in ensuring the health and wellbeing of women and their infants in the *critical 1001 days*<sup>2</sup> from conception to a child's second birthday.
- There are opportunities to build more positive health and wellbeing models in prison as services are reformed in the wake of COVID but the pitfalls and risks are also huge. We don't yet know what prison will look like as restrictions lift and regimes adapt as the pandemic eases. There will be a temptation towards 'blended' models of service delivery in prisons and more reliance on technology: remote healthcare appointments and more social visits conducted over video could be included in this. We believe this could bring significant risks to pregnant women and new mothers. Getting serious pregnancy issues listened to and dealt with appropriately, spotting changes in needs, and encouraging women to feel safe in disclosing their concerns about their physical and mental health rely on building relationships, in person, over time. And the trauma of imprisonment is only compounded by being forced to try to connect with your young child over video conferencing software.

### The wider context – sexual and reproductive health

- It is vital that women's needs in relation to pregnancy or motherhood are situated in the wider context of sexual and reproductive health and wellbeing.
- A rights-based framework should be applied to women's sexual and reproductive health needs across their life course, and must form a central plank in effective, gender-responsive approaches to health and wellbeing in the criminal justice system.
- The RCOG report [Better for Women: Improving the health and wellbeing of girls and women](#) provides further information on this life course approach, incorporating action on (amongst others):

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<sup>2</sup> There is clear, compelling evidence that the **critical 1001 days** from conception to age two is a significant and influential phase in development. What happens during this period lays the foundation for every child's future health, wellbeing, learning and earnings potential. It sets the groundwork for children's developing emotional wellbeing, resilience and adaptability; the competencies they need to thrive. See <https://parentinfantfoundation.org.uk/foundation-toolkit/> for more information.

- Access to education and information
- Access to contraception and abortion
- Menopause
- Gynaecological cancers
- Cervical screening
- Domestic abuse.

**Key Birth Companions resources for further information:**

[The Birth Charter](#)

[The Birth Charter Toolkit](#)

[Your inside guide to pregnancy, birth and motherhood in prison](#)

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