

The APPG on Women in the Penal System - evidence to the Inquiry into women's health and well-being in prisons. **Pregnant women and new mothers in prison.**

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The Incarcerated Pregnancy: An Ethnographic Study of Perinatal Women in English Prisons research took place in 2015 and 2016 and I spent ten months undertaking fieldwork observing three English prisons. In total, 28 women and 10 staff members consented to participate in audio-recorded interviews. One of the main findings was that pregnant women are an anomaly in the prison system and prison life continues with little thought for those with unique physical needs, such as pregnant women ('institutional thoughtlessness,' Crawley, 2005). One woman from this study had given birth in her cell without midwifery care and described her experience. Eight staff members had anecdotes relating to births that had happened inside prison, either having been present at the birth, or shortly afterwards. Another staff member described a birth she had witnessed in the cells. No staff had specialist training in emergency births apart from 'normal first aid':

"I said to the nurses, 'I think I am actually in labour,' and they were going, 'Mm, well, I'm not sure. Just lie down and we'll check and see if your stomach's contracting'. So, I lay down on the bed, and they're like, 'No, your stomach is not contracting, you're not in labour, it's Braxton Hicks, you're in for a really, really long night.' I was laid there on my bed, in my cell with a male nurse and a female nurse, not midwifery trained at all and then out popped (baby) at twenty past one. Still no ambulance, still no paramedics and she came out foot first".

Women had to navigate the system to negotiate entitlements and seek information about their rights and they experienced intense feelings of shame which exacerbated experiences of stress. Pregnant women may suffer from toxic stress whilst in prison carrying risks to their unborn child. Extra nutrition and basic requirements for pregnant women were found to be not inconsistently provided across the prison estate. A crucial finding of this research was that breaches of pregnant women's rights and entitlements were being experienced in some English prisons on multiple levels:

"Well, apparently, you get two extra pillows, which I haven't got; you get extra milk, which I don't get; you get extra fruit, which I don't get; you get night snacks, which I don't get; and you get use of a toaster at dinnertime, which I don't get. So, loads of good things that you just don't get."

The woman's experience of being pregnant in prison suggests a deep-rooted psychological pain which appears to punctuate all aspects of her incarceration. Where physical pain exists, little comfort is offered as women are left 'begging' for a softer mattress or 'crying' for pain relief to ease the normal discomforts of pregnancy. Bodily suffering is heightened by their being unable to satiate the normal cravings or ease normal pregnancy discomforts. The hunger that the women would feel often caused distress and suffering:

"Because sometimes when you're pregnant you're not hungry at that time. Sometimes if you feel a bit sick...but you can only eat at that time. You can't take your food back, and you've got to eat it there and then. You get it at five and then the next day it's half eight before you get food again, it is hard....so you are hungry all the time, just hungry. All the time."

For some pregnant women, however, prison is a refuge or 'safe haven' and a unique 'turning point' and catalyst for change, especially when they are given the opportunity to keep their baby. With limited autonomy or choice, the pregnant woman's emotions are suffused with frustration. Her identity is concealed, wanting to 'forget' she is pregnant or trying to 'ignore' her pregnancy. Suppression of emotions causes stress for the woman as she tries to act like a 'normal prisoner', often 'hiding' her abdomen. Pregnant women appear incongruous to the patriarchal prison system. Staff as well as women are left vulnerable with the emotional trauma of separation of a baby from his/her mother with staff attending labours having no recourse to debriefing or specific training, loosening boundaries between care and security. Women separating from their babies in prison are a minority across the

whole estate and therefore such separations are not a regular occurrence for prison staff. Reducing Risks through Audit and Confidential Enquiry across the UK (MBRRACE-UK) state that imprisoned women being separated from their babies are at heightened risk of suicide and self-harm due to 'prison strictures and lack of anticipation of care needs' (MBRRACE-UK, 2018:56). Preliminary findings of current research into supporters' experiences with imprisoned pregnant women suggest an inconsistent system with regards to decision making around separating women from their babies:

"The whole design of the system is not in favour of automatically keeping mums and babies together. Rather than it being an opt out, it is an opt in...you have to request a place at a mother and baby unit, and they are questioning, very strongly, your ability to be a mother. To me, it was the wrong way around, and it was completely upside down".

Trying to keep positive could only stretch so far as a coping mechanism for a woman being separated from her baby. Being outside of normal human experience, the enforced separation of a baby - described by Kitzinger as 'emotional mutilation' (Kitzinger, 1997) - makes coping with imprisonment for the pregnant woman exceptional and outside the experience of any other person:

"I'm anxious...I can't sleep at night, like I need to know now, I want to know. It's my baby. I want them to tell me if I'm allowed my baby or not."

At the start of the pandemic, together with organisations, academics and charities, we called for the early release of pregnant women and mothers with young babies. This short film made with Dr Shona Minson re sentencing pregnant women called for the release of pregnant women along with a letter to the Prison's Minister sent on 23rd March 2020:

<https://www.independent.co.uk/news/uk/politics/pregnant-women-prison-coronavirus-covid19-england-wales-a9416991.html>



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Due to Covid-19 there are now further unforeseen physical and mental health risks to both mothers and babies. Preliminary findings (Abbott, 2021) of ongoing qualitative research into supporters' experiences with pregnant women has established that along with the general prison population, pregnant women are locked in for 23 1/2 hours per day with:

"Half an hour to shower, make any phone calls, that you wanted and to do any exercise...just incredibly challenging to get through the time...The endless stretches of immense boredom."

The issues raised from the publication of my 2018 research have been heightened during the pandemic and therefore the risk to pregnant women and their unborn babies has increased. Indeed, a newborn baby died in June 2020 in Styal prison and prior to this, a baby was stillborn in Bronzefield prison in September 2019. My research found that in cell births were not uncommon (Abbott et al., 2020). There are no midwives or doctors on duty in prisons overnight and so women going into labour risk inappropriate assessments. In the UK it is a legal violation for anyone other than a Registered Midwife or Medical Practitioner to attend women in childbirth, except in 'sudden or urgent necessity' (Nursing and Midwifery Order, 2001).

Seamless collaboration is required between the Prison Service, NHS Trusts and charities to facilitate the support of pregnant women in prison. This is especially important with regards to obstetric emergencies but also concerns care in early labour, the potential for precipitous birth and the timely debriefing of women should they endure a cell birth and specialist support for women undergoing mandatory separation from their babies. Women should not be giving birth in prison cells and if, on a rare occasion, an unexpected birth occurs, the minimum she should expect is to have an appropriately trained professional to support her and her baby. Training needs to be robust, multidisciplinary and appropriately delivered by experts. This training and guidance should include legal perspectives of childbirth so that staff are aware of the statutory Nursing and Midwifery Order (2001) and that breaches are considered a criminal offence.

References

Abbott, L., Scott, T., Thomas, H., Weston, K. (2020) Pregnancy and childbirth in English prisons: institutional ignominy and the pains of imprisonment. *Sociology of Health & Illness*. Vol.42 Issue 3, pp 660-675

Abbott, L. (2021) *Lost mothers – the experiences of birth supporters of imprisoned women facing compulsory separation of newborn babies* (ongoing research funded by The Foundation for the Sociology of Health & Illness)

Crawley, E. (2005). Institutional Thoughtlessness in Prisons and its Impacts on the Day-to-Day Prison Lives of Elderly Men. *Journal of Contemporary Criminal Justice*, 21(4), 350-363.

Kitzinger, S. (1997). 'Sheila Kitzinger's Letter from Europe: How can we Help Pregnant Women and Mothers in Prison?', *Birth*, 24(3), pp.197-8.

MBRRACE-UK. Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2014-16. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2018: p42-60.

Nursing and Midwifery Order, 45 Statutory. (2001).

Department of Health. http://www.legislation.gov.uk/uksi/2002/253/pdfs/uksi_20020253_en.pdf