Women's health and well-being in prisons

Nuffield Trust submission to the APPG on Women in the Penal System

The Nuffield Trust is an independent health think tank. We aim to improve the quality of health care in the UK by providing evidence-based research and policy analysis and informing and generating debate.

This submission draws on our own research on prisoners' use of hospital services. It draws on our analysis for the 2017/18 financial year, the first to connect prisoners and hospital data in this way. We pull out key facts and figures for an important group of women in prison with particular health needs: women who are pregnant and those who give birth while in prison. The tragic deaths of two babies in the prison estate over the past 18 months highlights the importance of ensuring pregnant women in prison receive the care they need. A further report, to be published shortly, will give further, updated findings and we would be pleased to share it with the APPG.

Key facts

- 83 women in prison were admitted to hospital either during pregnancy or to give birth in 2017/18.
- A significant proportion of these women also had co-occurring mental health concerns, including 34 with mental health concerns related to tobacco use, 26 with concerns related to opioid use and 23 experiencing depressive episodes.
- In 2017/18, 56 women prisoners gave birth. While the vast majority of women who have a baby while in prison are able to give birth in hospital, six women (representing just over one in 10 women) delivered before they reached hospital, with the birth taking place either in a prison cell or en route to hospital. While overall numbers are small, these events raise serious concerns.
- Over one in five (22%) pregnant prisoners missed midwife appointments and almost a third (30%) missed obstetric appointments in 2017/18. This is significantly higher than in the general population where 14% of midwifery appointments and 17% of obstetric appointment are missed.

1. Our submission

The Nuffield Trust carried out an 18-month project, with the aim of using hospital data to better understand the healthcare needs of prisoners within the prison estate in England. This is the first-time routine hospital data at a national level has been used to describe how often prisoners use

hospital services and for what reasons. The project was funded by The Health Foundation, an independent charity committed to bringing about better health and health care for people in the UK. It covered men and women from all 112 prisons and young offender institutions in England in 2017/18.

Women account for approximately 5% of the prisoner population (n= 3,795 in 2019) (Ministry of Justice, 2020), but have different health needs from male prisoners. As part of our work we looked at the reasons why pregnant women in prison use hospital services to consider what this tells us about how well their health care needs are being met.

The Nuffield Trust is currently undertaking follow-up work, looking at prisoners' use of hospital services up to 2019/20, as well as comparing use of services by the general population.

2. Hospital admissions during pregnancy or childbirth

There were 120 hospital admissions by 83 prisoners for medical care relating to pregnancy or childbirth in 2017/18. The most common primary reason for admission was for care related to possible delivery problems or complications of labour and delivery (see Table 1).

Table 1: Primary diagnosis in admissions where pregnancy or delivery care needs were recorded in any coding position, 2017/18

Primary diagnosis	No. of episodes	No. of women
Maternal care related to the foetus and amniotic cavity and possible delivery problems	34	26
Complications of labour and delivery	31	31
Other maternal disorders predominantly related to pregnancy	25	19
Persons encountering health services in circumstances related to reproduction	12	11

A proportion of these women also had co-occurring mental health concerns (see Table 2). The most frequent diagnosis was broad psychosocial circumstances, as well as mental and behavioural disorders due to use of tobacco or opioids and depressive episodes.

Table 2: Most common co-occurring diagnoses where pregnancy, childbirth or the post-natal period was implicated, 2017/18

Most common co-occurring diagnosis	No. of admitting episodes (no. of women)
Personal history of certain other diseases	41 (34)
Problems related to other psychosocial circumstances	41 (38)
Mental and behavioural disorders due to use of tobacco	34 (34)
Mental and behavioural disorders due to use of opioids	26 (26)
Depressive episodes	23 (23)

2.1. Admissions during pregnancy

Hospital admissions during pregnancy, excluding for labour and delivery, included issues relating to the mother's health as well as care needs related to the unborn baby (see Table 3).

Table 3: Top five pregnancy-related diagnoses in any coding position, 2017/18

Pregnancy-related diagnosis	No. of episodes	No. of women
Supervision of high-risk pregnancy	30	28
Maternal care for other foetal problems	21	20
Maternal care for other conditions predominantly related to pregnancy	18	14
Infections of genitourinary tract in pregnancy	7	7
Multiple gestation	7	–

Some of these women may then go on to give birth while in prison, but others may have left prison before giving birth and therefore do not subsequently appear as a birth-related admission. Conditions relating to pregnancy were highlighted in 144 instances across these admissions, with some women receiving multiple pregnancy-related diagnoses coding.

It is important to note that there are a small number of women in prison who are pregnant with more than one child as places for women with multiple births in prison Mother and Baby units are limited.

2.2. Outpatient appointments

Women in prison also attend outpatient appointments to manage health care needs during pregnancy. There were more than 600 midwifery or obstetrics appointments for pregnant prisoners in 2017/18 (298 midwifery appointments and 310 obstetrics appointments). More than one in five (22%) pregnant prisoners missed midwife appointments and almost a third (30%) of pregnant prisoners missed obstetric appointments in 2017/18. These rates are significantly higher than those in the general population. In the general population aged 15+, 14% of midwifery appointments were missed and 17% of obstetric appointments were missed in 2017/18.

The availability of staff to escort prisoners to hospital is acknowledged as a key cause of missed appointments (Public Health England, 2016). Whilst midwifery and obstetrics appointments are

missed slightly less than appointments for women prisoners overall (the 'did not attend' rate for female prisoners overall was 39%), pressures on availability of escorts is a wider issue which impacts on all prisoners (including those who are pregnant).

2.3. Deliveries and births

In 2017/18, 56 women in prison gave birth. There are various ways in which hospital data allow us to identify women attending hospital for delivery, and each spell of care in hospital where a baby is delivered should record a birth outcome. Fifty of these births took place in hospital but six women (representing just over one in 10 women) delivered before they reached hospital, with the birth taking place either in a prison cell or en route to hospital.

Prisons hold women at all stages of pregnancy, some of whom leave prison before giving birth. In 2017/18, 10 women gave birth while no longer in prison but having spent time in prison that year.

3. Conclusions

Our analysis shows that vast majority of women who have a baby while in prison are able to give birth in hospital, but over one in ten women who gave birth did so either in their prison cell or on their way to hospital.

Whilst the overall numbers are small, the consequences for women and their babies of giving birth in prison without the necessary support can be catastrophic. The tragic deaths of two babies in the prison estate over the past 18 months highlights that this remains a current issue. Independent investigations of these cases, including by the Prisons and Probation Ombudsman have still yet to publicly report.

Our analysis also raises some serious questions both about the particular needs of prisoners during their pregnancy, and about whether they are getting access to the care and support they and their unborn babies need while they are in prison. We know from this data that pregnant prisoners have a high number of co-occurring mental health needs, suggesting they might require tailored specialist support. In addition, they are far more likely to miss hospital midwife or obstetric appointments than if they were pregnant at home.

More can and should be done to support this vulnerable group of women at a crucial time in their lives and in the lives of their babies.

References:

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