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Pregnant Incarcerated Women – the Most Forgotten of the Forgotten

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Prison is not a good place for pregnant women. That does not mean that pregnancy provides immunity against wrongdoing and incarceration, but it does mean that there should be a strong public policy interest in promoting healthy pregnancies and good birth outcomes for incarcerated women who chose to continue their pregnancies.

In the last two decades there’s been an exponential increase in the number of women in prison throughout the United States. The vast majority of women are in prison for non-violent crimes. Nearly two-thirds of incarcerated women have at least one child, and a staggering 77% of these mothers were the primary – if not the sole – caregiver for their child(ren) before their incarceration.¹ One-quarter of the 1.7 million children of inmates are under the age of five. Although having either parent in prison is traumatic, it is usually far worse for a child when the mother is incarcerated. When fathers go to prison, 90% of their children remain with their mother. However, when mothers go to prison, only 25% of children live with their father. The result of maternal incarceration is a serious disruption in children's living situations, in addition to the trauma of having a mother in prison.

Most incarcerated women are of reproductive age and increasing numbers are pregnant. While there is no reliable data documenting the number of pregnant inmates, recent reports from prisoner-rights advocates indicate a high number of pregnant women, particularly in Pennsylvania county prisons.

In Philadelphia, for example, there were only 4 pregnant inmates in 2005; currently there are 40. These women frequently have high-risk pregnancies as a result of the co-morbid factors of physical and sexual abuse, drug addiction, and mental health conditions, which are commonplace to women in prison. Prisoners and advocates report untimely and inadequate health care in prisons, resulting in miscarriage, preterm delivery and poor birth outcomes, including neonatal death and other complications. Postpartum care is similarly inadequate. Pregnancy is expensive for prisons; incarcerated individuals are not entitled to Medicaid and prisons are required to pay for hospital delivery out of pocket.

While the number of women in prison continues to escalate, the majority of prisoners are male and policies and protocols have developed with men in mind. As a result, the needs of women, and particularly pregnant women, are ignored. Nowhere is this more evident than in the

¹ *Quick Facts: Women & Criminal Justice – 2009*. (New York: Women’s Prison Association, 2009.) Available online at http://www.wpaonline.org/pdf/Quick%20Facts%20Women%20and%20CJ_Sept09.pdf

shackling of inmates during labor and delivery. The apparent purpose of shackling is to keep prisoners who access health care outside the prison from escaping; translation of this practice to pregnant inmates in labor and delivery is a striking example of thoughtless and absurd application of male models to female needs. The WLP is part of a Pennsylvania Prison Society Working Group on the Needs of Incarcerated Women that has succeeded in convincing prison authorities in Philadelphia to stop the practice of shackling pregnant women when they are in labor and delivery; similar efforts have taken place in Pittsburgh. As a result of these efforts, legislation is now pending in Harrisburg to prohibit the practice statewide (SB 1074). The Maternity Care Coalition has an exciting program in the Philadelphia jail that provides education and support for pregnant women, including a “doula” to accompany mothers when they deliver. They’ve also been successful in improving nutrition and prenatal care in Philadelphia. But that’s not enough.

After delivery, the babies are separated from their moms at birth. Babies go to relatives or child welfare; mom goes back to jail. Maternal separation at birth is particularly hard on newborns; such early separation can lead to emotional and behavioral problems in later life as a consequence of disrupted attachment while early mother-infant bonding “results in positive future outcomes for both mother and child”² – and therefore for society. Nationally, some programs exist to facilitate parenting of newborns during incarceration, but these are few and far between, and no such program exists in Pennsylvania.

We need to create more community alternatives. A recent report by the Women’s Prison Association notes that community-based prison alternatives that allow women inmates to remain with their newborns and their young children are beneficial to both the mother and the child. We need a program in Philadelphia that will not only improve the health care of the pregnant women and the birth outcomes of their babies, but will provide intensive interventions to support mother-baby bonding, develop parental capacity, reunite mothers with their children and support reentry from incarceration for the family. Research shows this will reduce recidivism, and provide a lower-cost alternative to incarceration.³

² Villanueva, Chandra Kring, Sarah B. From and Georgia Lerner. *Mothers, Infants and Imprisonment: A National Look at Prison Nurseries and Community-Based Alternatives*. (New York: Women’s Prison Association, 2009.) Available online at <http://www.wpaonline.org/pdf/Mothers%20Infants%20and%20Imprisonment%202009.pdf>

³ Villanueva et al.