On average, 6-10% of incarcerated women are pregnant (ACOG, 2013). As of 2012, there were no laws to keep jails adhering to guidelines of prenatal care (ACOG, 2013). Incarcerated women are more likely to have several psychological, social, and health risk factors that could negatively impact their child’s development (Dumont et al., 2014). Lack of adequate prenatal care could hinder development and harm the health of their child. Incarceration provides a unique opportunity for intervention, while these highly mobile, at-risk women are in a stable controlled environment.

An online and phone survey was developed to assess prenatal care for inmates. The questions covered practices pertaining to: pregnancy screening, medical care, accommodations (e.g., fluid and food supplements), shackling protocols for delivery, and postpartum contact with the child and opportunities to provide breast milk to the child. 53 jails from across all regions of the United States responded to the survey. The average number of inmates housed per facility was 578 (range: 6- 8,389). On average, 1-10 pregnant women came through the facility in the last year (range: 0- 50+). 89.8% were county jails, with the majority residing in rural areas (rural=54.7%, urban=34%, suburban=11.3%). The average number of inmates housed per facility was 578 (range: 6- 8,389).

Figure 2: Percent of Jails that provide pregnancy tests for women upon entry

Eastern states were most likely to conduct pregnancy tests on all women X² (6) = 13.29, p = .04

37% give pregnancy tests 63% do not give pregnancy tests

5% of jails do not have OB/GYN care in the facility

“Do we have OB/GYN care?”

“Do we send them to a clinic. It’s inconvenient.”

“We don’t have in house medical...So we jump through hoops.”

“We are limited here in this facility. We don’t have OB/GYN care.”

Figure 3: Types of accommodations provided by the jails

Accommodations provided by the facilities

Figure 4: Different types of shackling

Central states are more likely to shack women during delivery, X² (2) = 7.28, p = .03, while Eastern states were least likely to shack post-delivery, X² (2) = 6.41, p = .04

Figure 5: Ratings of prenatal care reported by jail employees

Employees reported an average rating of 8.53 on a scale of 0-10 for the care their facility provides to pregnant women.

Figure 6: Struggles of the jails and employees to maintain proper care for inmates

Discussion

• Incarcerated women face barriers to receiving proper care at each stage of pregnancy.
• Treatment of pregnant women in jail facilities can make a serious impact on the health of the mother and developing child.
• Current accommodations and procedures followed by correctional facilities can be improved.
• However, it is important to view issues from the correctional facilities standpoint. For example, pregnancy tests and providing accommodations can prove to be an exorbitant expense.

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Policy Implications

• This research shows the need for higher standards of prenatal care in jails and a centralized system to hold them accountable.
• Better prenatal care policies will result in healthier babies born to incarcerated women.