Intersection between Incarceration and Reproductive Health: Lack of Access for Incarcerated Pregnant Women in the United States

Lauren Sulaiman

The Annual Review of Criminal Justice Studies

Introduction

Over the last fifty years, the problem of mass incarceration in the United States has gained more attention from the general public. Nevertheless, one topic deserving of more awareness and examination is the unique challenges experienced by the 172,700 women and girls currently held in prisons, jails, and other correctional facilities in the United States (Monazzam & Budd, 2023). Incarcerated women have had a challenging time navigating the country's criminal justice system, often encountering issues such as sexual abuse, harassment, and other forms of gender-based violence, while being geographically situated in facilities far from their families. Before entering their sentence, many incarcerated women also reported their experience with homelessness, childhood disadvantages such as losing a parent or both parents, being supported through public assistance programs, and being arrested before the age of 18 (Monazzam & Budd, 2023). Several women also entered prison when they were pregnant and expecting a child; however, since the majority of them had no health insurance, they experienced difficulties with obtaining prenatal care and additional medical services (Monazzam & Budd, 2023).

Stemming from the topic of pregnancy, one critical area often overlooked in discussions about incarcerated women is their access to reproductive services during their time at institutional correctional facilities. Given that "nearly three-quarters of incarcerated women are of childbearing age" or between the ages of 18 and 44 years (Sufrin et al., 2019), it opens the possibility for more women to report a pregnancy when incarcerated. Yet, for incarcerated women, access to prenatal care and other reproductive services including abortions can be challenging. In this paper, I explore the intersections of incarceration, pregnancy, and access to

reproductive health services among incarcerated pregnant women in the United States. I examine existing works of literature, particularly research articles, and commentaries on incarcerated pregnant women and access to reproductive health services in prisons and jails. I organized my research paper into five sections. The first section discusses how incarceration impacts access to pregnancy-related services and focuses on two specific forms of reproductive health - prenatal care and abortions. The second section examines the harmful practices, most notably shackling, which pregnant women are more vulnerable to as incarcerated people. The third section summarizes my research findings and leads into my fourth section. The fifth and final section provides recommendations on how to improve reproductive healthcare for incarcerated women through policy change and support programs. I would like to acknowledge that this paper utilizes the terms "women" and "woman" to align with the language referenced in the cited research articles and publications. However, I recognize that many individuals may not identify with these terms and their individual experiences should be respected, recognized, and valued in research.

Methodology

To explore the intersections between incarceration, pregnancy, and access to reproductive health services, and to gain a better understanding of the experiences of pregnant incarcerated women, I adopted a qualitative research design. Qualitative methods are beneficial for capturing the nuanced experiences and perspectives of marginalized groups and honing in on individual lived experiences and narratives while generating knowledge about people from underrepresented groups. I conducted a search of published

literature using two databases for scholarly literature, Google Scholar and John Jay College of Criminal Justice's Lloyd Sealy Library database. The selection criteria included peer-reviewed articles ranging from research articles, analysis and commentary works, and reviews. The selected search terms were "incarcerated pregnant women," "pregnancy while incarcerated," "access to reproductive health services," "prenatal care in prisons," and "abortion access for incarcerated women." Afterward, I selected articles that examined the experiences of pregnant incarcerated women within the United States's carceral institutions and discussed topics related to maternal health care, prenatal care, and abortion access while incarcerated. It was critical for me to understand the issue of reproductive health among incarcerated women through professionals whose fields of study were closely aligned with the topics of incarceration, criminal justice, reproductive health care, and women's health. Several authors of the selected readings were medical doctors and medical professionals who specialized in family care, women's health, pregnancy, psychiatry, and sociology, and examined the issue of incarcerated pregnant women through in-depth interviews, database searches, and a critical lens. This emphasized the need to recognize the experiences of incarcerated pregnant women not solely through legal and criminal justice matters, but also through the medical and healthcare lens. This helps to further understand the intersections of incarceration and pregnancy and how ongoing health disparities continue to pose risks for this population.

Literature Review/Historical Context

Incarceration & Access to Pregnancy-Related Services

Access to Prenatal Care

While the incarceration of women in the United States continues to increase, research on prenatal care of this population remains limited. Few studies have explored the experiences of pregnant incarcerated

women in seeking care services during and after their pregnancy, and few scholars have provided their commentary on this issue. To stimulate discussions on pregnancy and incarceration, Jennifer Bronson, Ph.D., and Carolyn Sufrin, MD, Ph.D., reviewed existing research and literature on pregnancy among women in prisons and jails. The authors highlight the experiences of pregnant incarcerated women and suggest ways to improve data collection among this population. Bronson and Sufrin emphasize the flaws of maternal health within the general US population, stating that despite the United States's advancement in technology, the country still witnesses higher rates of maternal deaths, infant mortality, and preterm deaths than most developing countries (Bronson & Sufrin, 2019, p. 58S). If this information is a generalization of the US population as a whole, imagine how it reflects in correctional facilities, where incarcerated women may not be entitled to the same privileges and protections as non-incarcerated women.

Pregnancy is a significant time in a woman's health, and proper prenatal care and nutrition are critical to ensuring the health of the mother and fetus. Prenatal care, or the care one gets while they are pregnant, may include regular visits with a doctor, nurse, or midwife, someone who can help monitor and keep updated with the health of the mother and fetus's development. In 2004, 54% of incarcerated pregnant women reported "some type of pregnancy care when incarcerated" (Bronson & Sufrin, 2019, p. 59S). Although some may consider this rate as relatively high, this statistic indicates that only around half of pregnant women in prisons received prenatal care, while the remaining half most likely received no services to aid their pregnancy. In addition, Susan Hatters Friedman, MD, Aimee Kaempf, MD, and Sarah Kauffman, MD, provided commentary on the struggles of

obtaining prenatal care while incarcerated. They note that among incarcerated women, there are additional struggles that impact their pregnancy such as, "maternal trauma, poor nutrition, substance use, mental illness, chronic medical conditions, low socioeconomic status, and limited social support" and the lack of prenatal care (Friedman et al., 2020, p. 2). As referenced in their analysis, the basic standards of prenatal care might include access to pregnancy counseling, abortion services, treatment for substance abuse and other health conditions, and assistance with vitamins and diet nutrition (Friedman et al., 2020, p. 2). These resources become even more difficult to obtain when pregnant women lack control over their environment due to being incarcerated. Pregnant incarcerated women often have strict sleeping times, diets, and medication, which make it challenging to schedule or attend pregnancy counseling sessions and receive additional care services to assist their pregnancy. There are also obstacles with transporting incarcerated women from their correctional facilities to medical facilities, as well as coordinating time with care professionals while aligning to the schedule of the prison or jail (Friedman et al., 2020, p. 2). Overall, incarcerated women lack control over their environment, significantly impacting their ability to access necessary resources and support systems during their pregnancy.

Access to Abortions

Alongside prenatal care, abortions remain a critical aspect of reproductive health that becomes increasingly more difficult. for incarcerated women to access. Research conducted by Carolyn B. Sufrin and her colleagues explored how incarceration influences women's decision-making on abortions and access to abortions (Sufrin et al, 2023). After conducting a qualitative study and interviewing several pregnant women in prisons and jails between

2018 to 2020, the authors concluded that incarceration did shape pregnant women's thoughts on their pregnancies and access to abortions. Oftentimes, residing in a "carceral environment" left pregnant women questioning their reproductive well-being as well as how being incarcerated would impact their pregnancy experience. The study revealed four themes around abortion and pregnancy-making: the obstruction of desired abortion by medical providers; the assumption among incarcerated women that they had no right to abortions; the intention constraining of abortion access by carceral bureaucracy, and women wishing they had aborted due to carceral conditions. In this paper, I will delve into the first two themes. In the study, the participants report that while they expressed their desires for an abortion, the doctor responded, "My country jail does not do that" (Sufrin et al, 2023, p. 168) and rejected their requests. While this may not be true, and jails did allow abortions, custody officers reported that the jail would "involve logistical hurdles as small tactics" to stall the abortion procedure (Sufrin et al, 2023, p. 168). In other words, jails and prisons employed small tactics that resulted in incarcerated pregnant women missing their appointments and stalling their abortions. Considering that incarcerated women already have limited access to these necessary services, the act of overtly denying them is manipulative and inhumane. These barriers result in incarcerated pregnant women feeling more apprehensive about seeking health and build a distrustful atmosphere within the facility.

The second theme, the assumption among incarcerated women that they had no right to abortions, demonstrates the misconceptions about abortions and incarceration. Many participants believe that

they lost most of their rights, including abortions when they became incarcerated, or they were never made aware of their rights. One participant stated, "I mean, I didn't really have a choice of anything, so they didn't ask" which was echoed among other incarcerated women (Sufrin et al., 2023, p. 171). Another participant went even further to state that they believed they didn't have the right to an abortion because everything was decided for them by the correctional facility. More specifically, everything was decided for them, from what they ate, to what they drank, and when they got to see a doctor (Sufrin et al., 2023, p. 171). This illustrated that many incarcerated women felt restricted during their pregnancies. Rather than being reassured of reproductive health options, they remained uncertain or uninformed about what choices were available to them. While many non-incarcerated women are likely to have more autonomy over decisions like these, incarcerated pregnant women remain dependent on their carceral system to make decisions concerning abortions.

Harmful Practices Impacting Pregnant Women
The Use of Shackling & Restraints

In addition to the lack of prenatal care services provided to incarcerated women, the prevalence of harmful practices such as shackling is especially dangerous among pregnant women. The review, "Pregnancy in Incarcerated Women: Need for National Legislation to Standardize Care" by Smriti Nair et al., examined various areas of improvement in women's prisons. It specifically mentioned the danger of using shackles on incarcerated pregnant women. The review noted that in addition to mental health, physical and sexual trauma, substance abuse and treatment, and diet nutrition, shackling also played a significant role in pregnancy outcomes. Shackling involves the use of devices such as handcuffs,

ankle cuffs, security chains, or other mechanical devices that restrict an incarcerated individual's movements. This practice is intentionally used to limit one's range of motion to prevent them from escaping or harming themselves or another person.

The restriction of one's movement can make it especially difficult to get medical attention when necessary. For instance, when used during labor, shackles could result in increased pain felt by the incarcerated women (Nair et al., 2021). Outside of labor, shackles can result in increased discomfort for the pregnant woman, increased fall risk, delays when having a medical emergency, and blood clots. Also, it can trigger underlying health problems that could be of great risk to their pregnancy. The authors further mentioned that women with depression or PTSD may feel triggered through the use of shackles, endangering the health of pregnant women and the developing fetus. Fortunately, state legislation has taken action to restrict routine shackling in correctional facilities. In the United States, 22 states enacted policies to restrict the use of shackles during pregnancy, and some even banned this practice during labor and delivery (Friedman et al., 2020, p. 2). However, this raises the question of what are the best practices of restraint to use with incarcerated pregnant women to ensure their health and protection. Incarcerated pregnant women are uniquely impacted by the practice of shackling because despite being more vulnerable to health risks during their pregnancy, they are still subjected to treatment that endangers their well-being and that of their unborn child. When incarcerated pregnant women finally obtain resources to maintain their health, oftentimes their only option is to rely on their correctional facility to supply them with their necessary resources. Another concern is whether the facility has enough funding, experienced staff, or the infrastructure to care for its

needs, to care for its needs, as well as comprehensive support systems such as prenatal care, mental health services, and additional programs to address the unique needs of pregnant incarcerated individuals. In general, incarcerated pregnant women

are likely to experience more difficulty obtaining reproductive health services while bearing the harmful practices of their correctional facilities.

Discussions & Findings

The objective of this research paper was to understand how incarceration impacts reproductive health resources among pregnant women incarcerated in United States prisons, jails, and other correctional facilities. By examining the intersection between incarceration and reproductive health, this paper sought to shed awareness on the unique challenges that incarcerated pregnant women face when held within the confines of the criminal justice system. Through a review of several research articles and commentaries, it's evident that incarceration affects pregnant women's access to reproductive health services and their overall reproductive well-being. Regarding pregnancy-related services such as prenatal care, the research revealed that incarcerated pregnant women were more likely to experience difficulties scheduling or attending pregnancy counseling sessions or visits with medical professionals due to their structured prison or jail schedule. While non-incarcerated women might have more autonomy over scheduling their appointments or decision-making on abortions, incarcerated women are left more dependent on correctional facilities because these facilities have control over almost every aspect of their daily lives. Incarceration also intersects with

incarcerated women's access to abortions. Within prisons and jails, there's a sense of gatekeeping, where institutions do not want the incarcerated to be made aware of their right to abortions or other reproductive services. Many incarcerated women reported never having an abortion because they believed they were not allowed to get one after being incarcerated. Several also felt restrained and limited in several aspects of their lives when incarcerated. The lack of autonomy to make decisions concerning their reproductive health showcased how incarceration shaped women's abilities to think critically about making decisions on abortions. Incarceration also makes pregnant women more vulnerable to encountering harmful practices such as shackling. Although shackling is portrayed as a method of protection for correctional facilities, its implementation and utilization on incarcerated pregnant women have raised concerns about its impact on the psychological and physical well-being of pregnant women.

Incarcerated pregnant women are more susceptible to increased discomfort, increased fall risk, and delays during a medical emergency due to limited mobility. Mental illnesses such as depression and PTSD can also be triggered when shackling is employed. Overall, incarceration limited pregnant women's access to and knowledge of reproductive health services, while placing their reproductive well-being at great risk.

Gaps in Literature & Suggestions for Future Study

While reviewing my selected articles, I noticed that the research and commentaries lacked discussions on the racialized dimensions of incarceration and its impact on pregnant women. Racial and ethnic disparities are evident in the United States criminal justice system and without further research on topics, the experiences of pregnant incarcerated women of color will continue

to be overlooked. Research should prioritize the experiences of Black, Latinx, and Indigenous women, along with individuals from the LGBTQ+ community and gender-expansive folk, who can become pregnant and seek reproductive health services but continue to face systemic obstacles when obtaining these services. Despite the enlightening articles and commentaries that I reviewed in this paper, the topics of incarceration of women in the United States and reproductive health services available to incarcerated women are two areas that lack research and data. When the topic of pregnancy is brought into the discussion, research becomes even more scarce. With this in mind, more research should center on understanding the distinct experiences of incarcerated pregnant women. Other areas that require more research are the experiences of incarcerated women of color and the intersections between incarcerated pregnant women of color and access to reproductive health services. I would also advise scholars who pursue research in these topics to implement the framework of intersectionality and examine topics of oppression and reproductive health among marginalized communities through an intersectional lens. Intersectionality will help analyze the perspectives of multiple groups and acknowledge that certain groups are more privileged or oppressed than others because of systemic structures that shape our everyday lives and decisions.

Recommendations to Improve Reproductive Healthcare for Incarcerated Women

While there are evident gaps in research surrounding incarceration and pregnant women, physical interventions and programs can be implemented to improve the experiences of incarcerated pregnant women both during and after their pregnancy.

Regarding prenatal care, the criminal justice system and carceral

institutions should provide improved access to medical treatment services. These services might include consistent appointments with a medical professional, who can keep track of the individual's health during and after their pregnancy, as well as prescribe the necessary medication to maintain their health. Medical and healthcare-related services should also cater to the unique circumstances of incarcerated women, whether it's recognizing their possible experiences with gender-based violence or trauma or their role as soon-to-be mothers or caregivers to their children. Overall, as Knittel et al. stated in their article, "Evidence-based recommendations to improve reproductive healthcare for incarcerated women," these services should be gender-responsive. Additionally, doula labor support programs and childbirth and parenting education programs can address the emotional, physical, and educational needs of women while they're incarcerated (Knittel et al., 2017, p. 202). It allows soon-to-be mothers to learn more about their bodies, and parenting responsibilities and empowers them to make more well-informed decisions on both their health and the health of their children. Promoting a sense of agency among pregnant incarcerated women is one way to not only make their experience while incarcerated better but also allow for a smoother transition while reentering into a community after they're released.

Furthermore, the use of harmful practices such as shackling should remain prohibited for pregnant women, especially while they're in labor (Knittel et al, 2017, p. 203). More states should enact policies that restrict the use of this restraining method, and instead, provide additional oversight when other methods are used on pregnant women. As previously discussed, several pregnant women have incarcerated. Pregnant women should have consistent counseling

sessions with a trusted medical professional who can advise them on their health condition and make referrals for abortion or contraception services. Pregnant incarcerated women should also have the freedom to exercise autonomy to make decisions abouttheir bodies and health. Therefore, policies should also emphasize "shared decision-making" (Knittel et al, 2017, p. 203) to encourage the active involvement of incarcerated women in decisions concerning their pregnancy and health needs.

Conclusion

Hence, when people first think of mass incarceration, the general conception may be of the increasing number of incarcerated males who enter prisons, jails, and other correctional facilities. However, one area often overlooked by research, publications, and public perception is the experiences of incarcerated women, particularly incarcerated pregnant women. These individuals are forced to navigate a strict environment, under constant surveillance, and lack everyday needs during an important time in their lives. This paper highlighted the intersection of incarceration, pregnancy, and reproductive health, an area where more research and data are needed. However, there remain more areas that have yet to be covered. The obstacles and challenges described in this paper did not happen in a vacuum. Rather, they are intertwined in a larger system of systemic issues and social structures that continue to shape the experiences of incarcerated pregnant women. Highlighting the experiences of marginalized communities such as women of color can open the door to more research that highlights the systemic injustices that drive mass incarceration. As mass incarceration prevails in the United States, there's a growing urgency to learn more about the flaws of this system and develop strategies to resolve this issue.

References

Bronson, J., & Sufrin, C. (2019). Pregnant Women in Prison and Jail Don't Count: Data Gaps on Maternal Health and Incarceration. *Public Health Reports* (1974), 134(1S), 57S-62S. https://doi.org/10.1177/0033354918812088

Friedman, S. H., Kaempf, A., & Kauffman, S. (2020). The realities of pregnancy and mothering while incarcerated. *The Journal of the American Academy of Psychiatry and the Law*, 48(3), 365–375. https://doi.org/10.29158/JAAPL.003924-20

Knittel, A., Ti, A., Schear, S., & Comfort, M. (2017). Evidence-based recommendations to improve reproductive healthcare for incarcerated women. *International Journal of Prisoner Health,* 13(3/4), 200–206. https://doi.org/10.1108/IJPH-07-2016-0031

Monazzam, N., & Budd, K.M. (2023, May 17). *Incarcerated women and girls.* The Sentencing Project. https://www.sentencingproject.org/fact-sheet/incarcerated-women-and-girls/

Nair, S., McGreevy, J., Hutchinson-Colas, J., Turock, H., Chervenak, F., Bachmann, G. & NJ on Women's Reentry-Health Subcommittee (2021). Pregnancy in incarcerated women: need for national legislation to standardize care. *Journal of Perinatal Medicine, 49(7)*, 830-836. https://doi.org/10.1515/jpm-2021-0145

Sufrin, C. B., Devon-Williamston, A., Beal, L., Hayes, C. M., & Kramer, C. (2023). "I mean, I didn't really have a choice of anything:" How incarceration influences abortion decision-making and precludes access in the United States. *Perspectives on Sexual and Reproductive Health*, 55(3), 165–177. https://doi.org/10.1363/psrh.12235

Sufrin, C., Beal, L., Clarke, J., Jones, R., & Mosher, W. D. (2019). Pregnancy Outcomes in US Prisons, 2016-2017. *American Journal of Public Health* (1971), 109(5), 799–805. https://doi.org/10.2105/AJPH.2019.305006