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Becoming a mother in prison

There are around 600 pregnant women incarcerated in one of the 12 prisons in England and Wales each year and approximately 100-150 babies are born while their mothers are in prison. It is understood that a significant proportion of these women have complex physical, social and psychological needs. I have carried out qualitative research studying the experience of being pregnant in prison. This article will consider the narrative of one of my research participants, Becky, and is dedicated to her.

BACKGROUND

There are currently around 4,000 women in prison and it is estimated that 6–7 per cent of them are pregnant (Albertson et al 2014; Ministry of Justice 2015; North et al 2006). A significant proportion of women discover that they are pregnant when first received into prison and having initial health checks. There are currently 12 female prisons in England and Wales and six of these estates have mother and baby units (MBUs) attached to them. It is estimated that of the 100–150 women who give birth while in prison, 50 per cent will gain a place on a MBU with their baby (Abbott 2014). The remainder will return to prison following birth, without their baby.

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The profile of a woman offender is usually someone who comes from extreme disadvantage (Carlen 2013). She may have been a looked-after child or homeless. Fifty per cent are victims of domestic violence and 30-40 per cent are survivors of childhood sexual abuse (Abbott 2014; Albertson et al 2012; Knight and Plugge 2005). Around 70 per cent of women are addicted to illegal drugs or

alcohol and 80 per cent suffer from some form of mental health condition (Abbott 2014; Knight and Plugge 2005). The majority of women in prison are in for non-violent crimes, such as drug offences, theft and fraud (Carlen 2013; Marshall 2010). Considering these facts and figures it is important to be aware that the female offender has numerous complex social and health needs.

EXPERIENCING PREGNANCY IN PRISON

My qualitative doctorate research has involved interviewing pregnant women and new mothers in prison and post release, and prison staff (as well as observing the environment), to get a rounded picture of the experience. Following favourable ethical review from The National Offender Management Service and University of Hertfordshire, this year-long ethnography has involved more than 35 in-depth semi-structured interviews and multiple observations of prison life.

BECKY

Becky was 21 years old and 20 weeks pregnant when she was sentenced to four years in prison. Like the majority of women in prison (Carlen and Worrall 2004) Becky's crime was non-violent. She had not been in trouble before and told me that she had fallen in with the wrong crowd. She describes how she felt on entering prison:

It was a shock, and I was thinking 'I have got a baby inside me and I am not going to

be free until my baby is walking next to me.' When you are faced with that at 21 and you have not been through anything bad really in life, it's a lot to take on.

The environment that Becky went into was described by her as 'horrible'. The stress she felt under was exacerbated by feelings of fear. Becky spoke of being scared to eat the food and concerned that the environment would affect her unborn baby. Evidence suggests that stress during pregnancy can have a negative impact on the fetus (Capron et al 2015; Glover and O'Connor 2002; Van den Bergh et al 2005). Becky accepted the consequences of her crime; however what was difficult was the potential impact on her 'innocent baby'. Becky described the anxiety of being around some of the other women, and feeling vulnerable. There are no hiding places in prison and, when pregnant, a woman may be more visible than others. This feeling of anxiety exacerbated the feelings of guilt that Becky had:

The guilt that [my baby] had to go through it with me, and having no control over the environment...your life or your pregnancy.

The perception of stigma is common for women to experience when attending hospital for scans and appointments (Abbott 2015). Usually women are accompanied by two prison officers, and many describe the experience of being both a prisoner and a mother-to-be in public as humiliating (Marshall 2010). The feeling of embarrassment at being in hospital accompanied by officers was a common theme brought up by many of the women I interviewed. Becky described a situation where she was in her third trimester and needing transfer to hospital for a late scan:

I carry big babies and was ready to drop; I was in handcuffs, the most degraded I have ever felt, and that was even worse than being sentenced.

LABOUR AND BIRTH

During labour, Becky was accompanied by prison officers. Women are often able to choose officers whom they get on with and many talk of the kindness they have received. However, this is not the same as having a birth partner of choice and, as prisons are often far away from family members, this means that many women do not have the support of their choosing. There is pressure for all women to be able to have the birthing partner of their choice (Kennedy et al 2016).

Becky describes her experience of labour: *I felt like I was being watched. I wanted to use what was there, but at the time, I didn't want to turn around and say to the officers*

'Can I get off my bed and go on a birthing ball?'

Becky underwent an emergency caesarean section after getting 'stuck' at 8cms. She reflected during the interview that it was perhaps the stress of feeling 'under guard' while in labour that meant that she could not achieve the normal birth she had wanted.

Many describe the experience of being both a prisoner and a mother-to-be in public as humiliating

BONDING, ATTACHMENT AND BREASTFEEDING

Becky had wanted to breastfeed her baby but during pregnancy was considering handing the baby out to be looked after by her partner. This was because she was concerned about bringing the baby back into an environment that she felt might be detrimental to her child. Approximately 50 per cent of women do gain a place on a MBU, but many women are separated from their babies. Becky did gain a place and described the moment she first breastfed her >>>>

Practice points

Women in prison may have experienced drug and alcohol addiction, mental illness, domestic abuse and childhood sexual abuse

Midwives have a key role in providing non-judgemental, compassionate care for imprisoned women

Midwives can support women in prison to make informed choices and devise a birth plan, specific to their circumstances (Kennedy et al 2016)

Midwives can advocate for a woman to ensure that prison officers who do not need to be present during examinations or labour are asked to wait outside, if that is her choice (Abbott 2015; Kennedy et al 2016)

The RCM iLearn module relating to the pregnant women in prison is a useful resource for midwives

baby as feeling a bond that was intense – and she knew that she needed her baby to remain with her.

As soon as I had her and I put her on my breast, I fed; she was staying with me... as soon as I fed it's different isn't it?

PREGNANCY GROUPS

A birth charity provided support for Becky while she was in prison. Pregnancy groups are currently run in two prisons by the charity. These groups are tailored specifically to women who are having babies in prison and cover topics each week, such as infant feeding, physiology of labour and birth and relaxation. They have been described by women as providing a safe space to feel like a 'normal pregnant woman'. Kennedy et al (2016) suggest that such groups should be delivered throughout the female prison estate for women who choose to access them. Becky had received tailored information and support for breastfeeding, which helped her in her decision to breastfeed her baby. She described the groups as a 'life line', because they help women to focus solely on their pregnancy and offer 'a bit of escapism'.

Becky spent 15 months in prison with her daughter. The three MBUs Becky lived in during her sentence helped to facilitate her bonding and breastfeeding, and the support she received from midwives, the birth charity and MBU staff helped her through a difficult time in her life. Becky was able to breastfeed her daughter for two years. Becky now has another child. When she was pregnant with her second child, outside prison, Becky told me she had flashbacks to the trauma she had felt while pregnant in prison (Knox and Burkard 2009). Becky is now relieved to be in a stable relationship and having started her own business. She told me that one day she will tell her daughter about her sentence.

CONCLUSION

The background of many of the women who are in prison is often one that involves traumatic life events in childhood, addiction, mental illness and disadvantage. The focus for this article has been on one narrative: Becky's experience of being a perinatal woman in prison describes a number of emotions, from the embarrassment of being handcuffed, the stress of the environment to the bond she had with her baby. Women in the perinatal period are often open to change in health behaviours, and midwives play a pivotal role in providing compassionate care for those who may be imprisoned. [tpm](#)

FURTHER RESOURCES

The Birth Charter (Kennedy et al 2016) can act as a useful tool in providing evidence based care for this small group of women. <http://tinyurl.com/jhvsmzc>

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