

# Birth Companions: working with women in prison giving birth

By Denise Marshall

In 1995, a story about a woman from Holloway prison being chained in labour hit the news headlines. Beverley Beech from AIMS and childbirth campaigner Sheila Kitzinger drew attention to the experience of women giving birth from prison and the issue of restraining women in labour was discussed in the media and in Parliament. This debate highlighted the situation of women giving birth from prison and a group of North London antenatal teachers and midwives came together to talk about what could be done to reduce the isolation and distress of these women. The Holloway Doula Group (now Birth Companions) was formed from this meeting. In 1996, the group approached the Holloway governor who welcomed the idea of experienced birth partners supporting women from the prison when they went out to the hospital to give birth.

Days later, Birth Companions received a request for birth support from a foreign national in Holloway who was alone in this country and having her first baby. Her induction and labour stretched over several days and involved every member of the group. This birth and the visits to meet women in Holloway made it clear that there was a huge need for the pregnant women to receive information, support and reassurance.

Fourteen years later, birth companions visit the prison once a week and offer to do birth plans with the pregnant women and provide support at birth for those who need this. Feelings and concerns are discussed in a one-to-one or group setting. Birth companions also visit the Mother and Baby Unit in the prison to run a weekly breastfeeding and early parenting group. Last year, 94 women were supported by Birth Companions in Holloway. The women tell us that the visits during pregnancy help them to focus on the baby and help to lessen their anxiety about the birth. Women have said they feel reassured knowing they would have a birth companion with them for the birth or while they wait for family to arrive. As one woman wrote on her evaluation form:

*'Having a birth companion made a difference to how I felt approaching labour because I knew I had someone who was going to be there.'*

The overall aim of Birth Companions is to improve the experience of pregnancy, birth and motherhood for women in prison so they are better able to care for their baby after the birth.

## Research on birth support

There is very little research on the impact of birth support on the physical and mental health outcomes of mothers and

## Abstract

**The needs of women giving birth from prison were highlighted in 1995. A group of antenatal teachers and midwives in London met and decided to offer birth support to women in Holloway prison. Birth Companions has been working with pregnant women and mothers and babies in Holloway for 14 years and has expanded the birth support service to include breastfeeding and working with women post release. The aim of the project is to improve the experience of this vulnerable group of women and babies. Studies show that birth support can improve outcomes for mothers and babies and the feedback from women in Holloway is very encouraging. However, there is a need for more research into the needs and experiences of women and babies who are in prison during the perinatal period.**

babies giving birth in prison. One study of the Douala Project in the USA by Schroeder and Bell (2005) found that women and prison staff expressed high level of satisfaction with the birth support service provided for the pregnant women. Apart from the birth support project, these women reported feeling stressed and unsafe in prison during pregnancy. Schroeder and Bell (2005) concluded that birth support can help women in prison to have a more positive experience of birth and that this provision should be extended to all women in prison. Studies carried out on the general population have shown that the support of an experienced birth companion can improve outcomes for mothers and babies. A review by Hodnett et al (2007) of 16 trials in 11 countries, involving 13 000 women, concluded that women who received continuous labour support were more likely to give birth vaginally, needed less interventions, and had higher satisfaction rates and slightly shorter labours. One study in a Texas hospital with a group of low-income women, more comparable with the women in Holloway, found highly improved outcomes in the group of women supported by a birth companion compared with the control group, who were without a birth companion (Kennell et al, 1991):

- Rates for caesarean section were 8% (for women with support) and 18% (for women without)

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- Forceps: 8% and 26% respectively
- Epidurals for women with vaginal deliveries were 8% and 55%
- Labour augmented by oxytocin: 14% and 37%
- Babies needing a prolonged hospital stay: 10% and 24%.
- Average labours were also significantly shorter: 7 and 9 hours.

This study suggests that groups of disadvantaged women may particularly benefit from continuous support during childbirth.

The women supported by Birth Companions in Holloway are asked to complete evaluation forms and this feedback confirms the value that support in the perinatal period has had for them. Women tell us they felt reassured, calmer and more able to cope because of our services. These reflections from four women about the birth support they received are typical:

*'At the birth she was my rock.'*

*'I had someone to talk me through my pain.'*

*'... the support from my birth companion helped me to be calm.'*

*'without you I do believe I would have had a totally different birth.'*

Another woman wrote about her postnatal support:

*'I have had a great experience with the breastfeeding (early parenting) group. They are so open and friendly which makes it very encouraging and relaxing to talk about the worries you might have regarding pregnancy and breastfeeding.'*

In an *External Evaluation* report carried out for Birth Companions (2007) prison officers said that the presence of a birth companion during the birth made their job easier because while the birth companion is supporting the woman's emotional needs, they can focus more on their security role and be more in the background.

## How Birth Companions works

A 24 hour telephone line is operated which officers or midwives can use to request birth or postnatal support for women. The support given by the birth companion is based on the wishes of each woman. Some women ask for help with breathing, massage or moving about; others want the birth companion to be there for her offering encouragement, advocacy and support. After the birth, the birth companion can take photos of the baby and buy phone cards for the women to speak with family and share news of the birth. Prisoners are not allowed cameras or money for security reasons.

Approximately one third of the women supported at birth by Birth Companions are foreign nationals who are often alone in this country. One third are young women (21 years old and under), some of whom have become estranged from family and are also very isolated. Some women are hoping

for their mother or partner to be with them for the birth but request a birth companion to be with them until family arrive or in case they cannot make it. On average, women were living 50 miles away from Holloway before coming to prison, so family and partners often have difficulty getting to the hospital in time for the birth and sometimes need to return home soon after to care for other siblings or the woman's other children.

One young first-time mother recently called Birth Companions for postnatal support to help her cope during her 4 day stay in hospital while her baby was being observed for signs of withdrawal. Her family had travelled to be with her for the birth but needed to return home the same day. This mother wrote to Birth Companions after returning to the prison with her baby to say how 'helpful and supportive' the visits to her and her baby had been.

## Midwifery care in Holloway

Since 1998, the contract for maternity services for women in Holloway prison has been delivered by the Whittington Hospital and Birth Companions has worked together with the Whittington midwives who run antenatal clinics in the prison three times a week. Birth Companions has seen the very positive impact this has had on the women who previously received antenatal care from staff employed by the Prison Service. The women say that when they visit these antenatal clinics with the midwives and come to the Birth Companion groups in the prison they feel like normal pregnant women, not prisoners. When women go to the hospital for antenatal appointments they are accompanied by officers and handcuffed until they reach the clinic so it is a very different experience.

The average woman in Holloway is in the prison for less than 1 month which inevitably means the antenatal clinics are very busy with booking women in and forwarding test results and notes. When interviewed for the 2007 external evaluation (Rowles and Burns, 2007: 12–13) lead midwife, Hazel Cathcart, described Birth Companions as:

*'...complementing the work of the midwifery team and vital for support in labour especially for foreign nationals ... the feeding advice and practical support given by Birth Companions made a huge difference and was invaluable for women who were pregnant and giving birth in prison.'*

Birth Companions aims to work alongside the midwives to provide women with a space in addition to the antenatal appointments, to discuss pregnancy, birth and early parenting either one-to-one or in an informal group.

## Particular issues for women in prison

Apart from the usual concerns of pregnant women, women in prison worry about whether they will be unlocked in time to get to hospital before they give birth, whether their partner or family will arrive in time for the birth, and what their experience will be as a prisoner in the hospital. There is anxiety

ety about whether they will get a place on the prison Mother and Baby Unit. If they do get a place, many women worry whether this is going to be the right start for their baby. Some women consider handing their baby out to family rather than keep their baby with them in prison. Many pregnant women have not yet been to court so they do not know how long they will be in prison; they may be released from court or receive a short sentence and be released before the birth. The majority of women in Holloway are mothers and there is a great deal of anxiety about the welfare of children from whom they have been separated when they come to prison. Many children develop behavioural problems and difficulties at school when their mothers go to prison (Action for Prisoners' Families, 2007).

In addition to these stresses and uncertainties, the women in Holloway are more likely to be high risk in terms of their medical and social history. *The Corston Report* (Corston, 2007) highlighted the vulnerability and complex needs of women prisoners. The report quotes an unpublished 3 month study at Holloway which suggested that 85% of women received into the prison had a substance misuse problem. The Prison Service website quotes up to 80% of women in prison having a diagnosable mental health problem and up to 50% having experienced physical, emotional or sexual abuse (HM Prison Service, 2008). Prison Service figures also show that, since 2003, approximately 30% of women prisoners self-injured. One in four women in prison has spent time in local authority care as a child (Prison Reform Trust, 2009).

## The perinatal period in prison

Edge (2006: 6) reviewed existing research on women in prison in the perinatal period for the Department of Health and cited evidence that:

*'pregnant, imprisoned women responded positively to health promotion advice. For example, they were more likely than community controls to reduce smoking, alcohol use and intake of illicit drugs.'*

Although the Home Office has a duty to provide 'equivalence of care' for prisoners to that which they would receive in the community, Edge (2006) reported that women's health issues are likely to be overlooked in a system which is designed for men and where women are less than 6% of the prison population. Pregnant women are an even smaller minority within this group and Edge recommends further research into the experience of health care of women in prison in the perinatal period, and the health outcomes for the women and their babies. She identifies a need to focus on the experiences of foreign nationals and young women who may be particularly vulnerable. In 2007, foreign nationals made up 21% of the female prison population (HM Prison Service, 2008).

There is very little research into the needs of pregnant women in prison and practices vary in different prisons. A Maternity Alliance report (North, 2005) highlighted the need for a prison service order to set out a standard for how pregnant women should be treated during pregnancy and birth.

## Birth Companions breastfeeding

### support

Our experience of supporting women in pregnancy and birth made us aware of the need to provide additional post-natal and breastfeeding support for women in Holloway. In 2006, a breastfeeding project was begun which held a weekly breastfeeding and early parenting group on the Mother and Baby Unit. This was welcomed by the prison staff and partly funded by money from the Whittington. The group was run by birth companions Eleanor Stapleton and Alison Shaloe who are trained National Childbirth Trust breastfeeding supporters and who are also part of the team of birth companions who support women at birth. Other birth companions have backgrounds in antenatal teaching, in birth support in the community (as doulas) or working with women in other health or advocacy roles.

Shaloe, who has a background in midwifery, joined Birth Companions in 2006. She had a particular interest in breastfeeding and thought it would be a new and interesting challenge to support mothers in prison. The breastfeeding and early parenting group was modelled on breastfeeding and parent support groups run in the community, where parents share experiences as well as having a topic presented by the facilitator. One year after the project began, Shaloe attributed its success to the fact that it had provided a space:

*'for women to open up, without being judged, in the safe environment of the drop-in group.'*

The group was attended by all the women on the unit, whether they were breast or bottle-feeding. The breastfeeding supporters found the mothers generally responded positively to information and advice and seemed to want to do what was best for their babies. Initial rates of breastfeeding were high compared with the general population and similar groups of disadvantaged women in the community. Of the women supported during the project 73% gave some breastmilk to their babies and 29% were exclusively breastfeeding at 6 weeks (or had been released while still breastfeeding before 6 weeks). After babies reach 6 weeks issues such as return to work and prison routines do impact on breastfeeding and peer group pressure can also influence breastfeeding rates on the unit.

Feedback from women who received support during the project was very positive and sometimes surprising. Shaloe reports:

*'women have told us that they have felt empowered as a result of breastfeeding. Some women have also said that being able to breastfeed has boosted their self-esteem and confidence and that often breastfeeding has been the first time in their lives that they have felt they have achieved something.'*

For Shaloe it has been a:

*'fascinating area of work which has taught me many skills including never assuming anything about a person, the importance of empathy, being non judgmental, acceptance and acknowledgement of feelings and having a true respect of individual needs. These are essential'*

*skills for midwifery and also skills for life.'*

## Community link work

The experience of supporting women in Holloway has also made those involved aware of the problems that can be faced by pregnant women and new mothers post release. This is particularly an issue for foreign nationals who sometimes find themselves in an even more isolated and stressful situation when released into the community.

One woman, who spoke very little English, was unexpectedly released from court shortly before her due date and because of her unclear immigration status was initially unable to book into a hospital for her birth and also faced homelessness. Another woman was released with a 6-week-old baby and was due to be deported home. However, she had no recourse to public funds for the 10 days while she awaited travel papers for her baby and needed support with food and essentials.

Other women are released and find themselves in the community with no friends, family or links with local services. Birth Companions community link work is about providing these women with emotional and practical support around the time of birth and early parenting and linking them in with their local services and support. We feel that Birth Companions is in a good position to do this because a relationship of trust with women has been developed while they were in detention.

## Future plans

The work with vulnerable women post release has naturally evolved from the work that is done to support mothers and babies in Holloway. Our vision is that all pregnant women and new mothers in detention in the UK have the support they need and this must also extend to women in the resettlement period. We believe that if the mother feels supported and less isolated and distressed during pregnancy, birth and early parenting, she is better able to care for her baby and therefore better able to make a new start in life. This year, Birth Companions is hoping to recruit more volunteer birth companions to be able to support more women and babies in other prisons and to be able to do more post release work in the community. In Holloway, we are looking forward to working more closely with the midwives to provide full antenatal classes for the pregnant women.

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## Key Points

- Birth Companions was set up in 1996 to reduce the stress and isolation of women giving birth in Holloway Prison.
- Breastfeeding and post-release support were developed to improve the experience and outcomes of mothers and babies.
- Women in Holloway have been keen to take up support and information in the perinatal period and have provided very positive feedback, which confirms some existing research.
- The female prison population is a particularly vulnerable group with complex needs in pregnancy, birth and early parenting
- There is a need for further research into this group and the positive impact that interventions may have on mothers and babies.