



PREGNANCY IN PRISON

ALLOWING DOULAS TO SERVE INCARCERATED EXPECTANT MOTHERS

OVERVIEW

Incarcerated pregnant women have health care needs that must be addressed by the carceral and health system. Incarcerated women, particularly pregnant women, face additional health risks when compared to women in the general population. Black women are incarcerated at twice the rate of white women which contributes to the health disparity that exists between Black women and white women.

Given the racial disparities in incarceration rates, addressing this problem through the use of doulas is crucial to achieving racial justice and equity. It is essential to allow doulas to assist incarcerated birthing people in the state of Delaware in order to improve infant health, improve maternal health, and strengthen families.

PROBLEM

Delaware has an incarceration rate of 756 per 100,000 people. The women's prison population growth has outpaced men's prison population growth in the state of Delaware. About 70% of women incarcerated in women's facilities suffer from some type of mental illness. The pre-existing health issues which are often attributed to economic conditions, substance abuse, and limited access to healthcare prior to incarceration are aggravated within the prison environment.



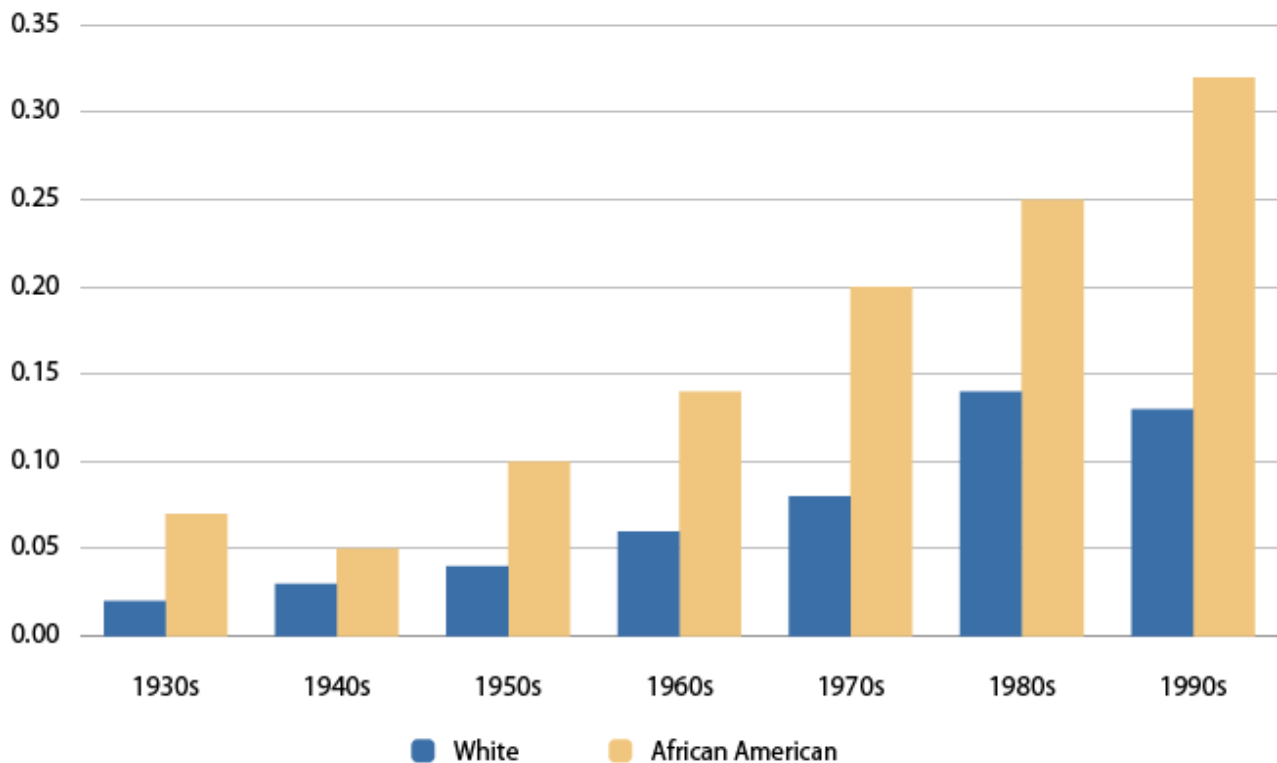
PROBLEM

Most incarcerated women are of reproductive age, and the majority have children. 4% of women in federal prison and 3% of women in state prison are pregnant at the time of incarceration. Negligent correctional procedures can exacerbate pregnancy-related mental health disorders, which are disproportionately experienced by Black women.

FIGURE 1

African American children increasingly come into indirect contact with the U.S. criminal justice system

Likelihood of having an incarcerated household member during childhood, by race and birth year



Note: The author uses the term African American as inclusive of all respondents who identify as black or African American.

Source: Author's calculations based on data from the Centers for Disease Control and Prevention, "Behavioral Risk Factor Surveillance System," available at https://www.cdc.gov/brfss/annual_data/annual_data.htm (last accessed April 2018).



PROBLEM

Incarcerated expectant mothers are currently at higher risk of experiencing low birth weight, preterm birth, gestational diabetes and other health problems, in part due to nutritional deficits and limited access to prenatal care and information prison. Additionally, there is a current lack of clear and mandatory standards for prenatal and pregnancy care for incarcerated women.

The infant mortality rate for the Black community is twice the mortality rate for the white community. Black women are clearly overrepresented in the criminal justice system, being incarcerated at twice the rate of white women.

Incarcerated people continue to suffer from poor health once released from prison. The mortality rate among released incarcerated people “was 3.5 times that among state residents of the same age, sex, and race.”

POLICY SOLUTION

It is essential to allow doulas to assist incarcerated birthing people in the state of Delaware in order to improve infant health, improve maternal health, and strengthen families.

Several States have created legislation addressing accessibility to doulas for expectant mothers in prison. While some legislation provides for State-funding, others only allow for non-profit agencies to provide such support.



POLICY SOLUTION

In the state of Delaware, postpartum and antepartum doula fees range from \$25-\$45 per hour.

Women who received continuous intrapartum support by providers such as nurses, doulas, or midwives had shorter labors, were more likely to have spontaneous vaginal deliveries, and were less likely to request for epidurals, pain medication, and report dissatisfaction with their childbirth experiences.

Doula-supported births have potential cost-savings, particularly among low-income women and reduce expenses for correctional facilities.

This policy needs to be accompanied by other legislation which expands Medicaid and private insurance coverage of doulas, as well as making sure correctional facilities adopt this policy State-wide.



 **Black**
MOTHERS IN POWER



MODEL LEGISLATION

State Level:

Massachusetts

- An Act to Ensure Compliance with the Anti-Shackling Law for Pregnant Incarcerated Women (S.1453)
- An Act Relative to Medicaid Coverage for Doula Services (H.4780, previously H.1182)

California

- AB-1225 The Dignity for Incarcerated Women Act. (2021-2022)
- AB-732 County jails: prisons: incarcerated pregnant persons. (2019-2020) (attached Bill prior to approval of Law)

Federal Level:

- H.R.7718 - Protecting the Health and Wellness of Babies and Pregnant Women in Custody Act

RESOURCES FOR MORE INFORMATION

- Black Mothers in Power
- The Use of Doulas for Inmates in Labor
- Advocacy at Work: Doulas Working with Incarcerated Pregnant People
- Chicago Is Making the Case for Releasing Pregnant Inmates
- Pregnant in prison — but now with doulas and midwives to help
- What It's Like To Give Birth In Prison
- Ancient Song Prison Doula Services
- Illinois Birth Justice: Doula Support for Justice-Involved Women