

Escorting pregnant prisoners– the experiences of women and staff: *“Quite a lot of us like doing it, because you get to see a baby, or you get to see a birth”*

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It is understood that pregnant women make up around 6% of the female prison population although precise numbers are not collated, this amounts to around 600 pregnant women held in prisons in England and Wales and some 100 babies born to women prisoners. There are limited qualitative studies published that document the experiences of pregnancy whilst serving a prison sentence. This study provides qualitative, ethnographic research of the pregnancy experience. The study took place during 2015-2016 and involved non-participant observation and semi-structured interviews with 28 female prisoners in three English prisons who were pregnant or had recently given birth. Ten members of prison and health care staff were also interviewed. Apart from the experiences of being on ‘bed watch’ with pregnant or labouring women, a new typology of prison officer has emerged from this study: the ‘maternal’; a member of prison staff who accompanies pregnant, labouring women to hospital where the role of ‘bed watch officer’ can become that of a birth supporter. The officer (s) attending pregnant women in hospital have an important role to play and may have been ‘chosen’ by the woman. This paper provides narratives of these experiences and discusses the relationship of the bed watch officer who may be both guarding and supporting the woman. Pseudonyms are used throughout.

Health care arrangements for pregnant women in prison

Midwives, usually based in local community teams, provide antenatal care in a prison, monitoring the pregnancy and wellbeing of the women and visiting them post-birth in order to provide post-natal care. Scans and specialist referrals are usually facilitated in the local hospital and women are typically escorted by two prison officers unless she has been released on temporary license. When a woman’s labour begins in prison, either by her having regular contractions or if it is suspected that her membranes have spontaneously ruptured (waters breaking), she will be transferred to the local hospital in a taxi or prison van, usually accompanied by prison officers (PO’s). Following birth, dependent on whether a woman has been allocated a place in a prison Mother and Baby Unit (MBU), she will return either to the MBU with her baby, or to the general prison without her baby.

Mother and Baby Unit Provision

There are six MBUs attached to prisons in the UK and babies can reside with their mothers for up to 18 months. Each prison has an MBU liaison officer and any eligible women can apply to one unit and subsequently attend an MBU board, consisting of a multi-disciplinary team, usually including a social worker, who decides suitability¹. Decision making centres upon 'the best interest of the child' and the 'welfare and safety' of the mothers and babies who reside in the unit.² There is a variation in MBU provision and Her Majesty's Inspectorate (HMI) have described good practice, for example units that provide: 'an excellent facility' but also reports their 'underuse'.³ New gender specific standards for female prisoners suggest that women should be supported to breastfeed or express milk for their babies, be provided with facilities to cook for their babies and have additional family visits⁴. Nonetheless, it is reported that far more separations of babies from their mothers, soon after birth, than places are provided on MBUs although exact numbers are not collected⁵. Plans for separation are governed by MBU rules and women prisoner's policy and detailed in Prison Service Instructions^{6,7}

Birth partners

Research shows that women feel a loss of autonomy over their environment and choices⁸: A woman who is pregnant in prison, although in receipt of health care, has little choice over the

¹ Sikand, M. (2017). *Lost Spaces: Is the Current Provision for Women Prisoners to Gain a Place in a Prison Mother and Baby Unit Fair and Accessible?* The Griffins Society University of Cambridge Institute of Criminology.

² National Offender Management Services. (2014). *Mother and Baby Units Prison Service Instruction (PSI) 49/2014 PI 63/2014*. <https://www.justice.gov.uk/downloads/offenders/psipso/psi-2014/psi-49-2014-mother-and-baby-units.pdf>

³ Her Majesty's Inspectorate of Prisons (2015) <http://www.justiceinspectors.gov.uk/hmiprison/about-our-inspections/>

⁴ Gender Specific Standards to Improve Health and Wellbeing for Women in Prison in England (2018) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687146/Gender_specific_standards_for_women_in_prison_to_improve_health_and_wellbeing.pdf

⁵ Powell, C., Marzano, L., and Ciclitira, K. (2016). 'Mother–Infant Separations in Prison. A Systematic Attachment-Focused Policy Review', *The Journal of Forensic Psychiatry & Psychology*, Taylor and Francis. pp.1-16.

⁶ Prison Service Order 4801. (2008). *The management of mother baby units*. <https://www.justice.gov.uk/offenders/psos> [https://insidetime.org/download/rules_&_policies/psi_\(prison_service_instructions\)/2011/PSI_2011_054_Mother_and_Baby_Units.pdf](https://insidetime.org/download/rules_&_policies/psi_(prison_service_instructions)/2011/PSI_2011_054_Mother_and_Baby_Units.pdf)

⁷ Prison Service Order 4800. (2008). *Women prisoners*. <https://www.justice.gov.uk/offenders/psos>

⁸ Abbott, L.J (2018) *The Incarcerated Pregnancy: An Ethnographic Study of Perinatal Women in English Prisons*. University of Hertfordshire.

place of birth or her birth partner^{9 10}. Due to the smaller number of female prisons in the UK, it is likely that a woman will give birth far away from her home service prior to transfer. in an unfamiliar hospital¹¹. Whatever provisions for labour a woman may have made will be superseded whilst in custody; replaced by 'local' arrangements with the nearest maternity unit to the Prison she is being held at., Attending hospital appointments or labouring as a prisoner, accompanied by guards, often removes all privacy and dignity and a woman may feel '*judged*' and '*embarrassed*' for her 'maternal conduct'¹². An example of disempowerment for a woman in prison is when she attends hospital for an ultrasound scan. A woman in prison will not be told the date of her scan for security purposes and will be accompanied by Prison Officers rather than a partner or family member.

Hospital appointments

Hospital appointments were an essential and regular occurrence for research participants, yet most of the women spoke of being handcuffed or handcuffed via a chain in the maternity department, despite policy directing that the handcuffing of pregnant women should be discretionary¹³. Where used, the requirement of handcuffs where a potential escape risk is identified, although a common comment from women was, "*I cannot run anywhere, even if I want to*". One woman described the humiliation of being handcuffed while pregnant as "*worse than being sentenced*". Overwhelmingly, all pregnant women in this sample described the experience of being handcuffed as humiliating: "*such a degrading experience*". Sammy described her feelings:

⁹ Albertson, K., O'Keefe, C., Lessing-Turner, G., Burke, C., and Renfrew, M. J. (2012). *Tackling Health Inequalities Through Developing Evidence-Based Policy and Practice with Childbearing Women in Prison: A Consultation*. The Hallam Centre for Community Justice, Sheffield Hallam University and The Mother and Infant Research Unit, University of York.

¹⁰ Galloway, S., Haynes, A., and Cuthbert, C. (2015). All Babies Count – An Unfair Sentence: Spotlight on the Criminal Justice System. In: London: NSPCC.

¹¹ Abbott, L. (2015). *A Pregnant Pause: Expecting in the Prison Estate*. In L. Baldwin (Ed.), *Mothering Justice: Working with Mothers in Criminal and Social Justice Settings* (1st ed.). England: Waterside Press.

¹² Howson, A. (p136, 2013). *The Body in Society: An Introduction*: John Wiley & Sons.

¹³ 'Pregnant women are not handcuffed after arrival at a hospital or clinic as published protocol. Women in active labour are not handcuffed either en-route to, or while in, hospital. Restraints are to be carried but not applied unless the woman's behaviour is refractory or there are indications that she may attempt to escape' Prison Service Order 4800. (2008). *Women prisoners*. <https://www.justice.gov.uk/offenders/psos>.

"I was heavily pregnant. I'm quite big...we were cramped in the back (of the car) like sardines. It was just a protocol that nobody can sit in the front, they had to be in the back with me, and I had to be handcuffed at all times. Even through my scans. If there was a female officer, then I had to stay handcuffed to her; but if it was two male officers, then I had to be put on the chains. Just because I'm a prisoner. It was awful...It was demeaning, it really was" (Sammy).

Feeling 'judged' also extended to contact with the general public during hospital for appointments:

"You've got all the Mums and the Dads, husbands and wives and sitting there holding their precious little bump, and there I am walking in and they just looked at me like I was filth. And it's like, I've just made a mistake, I was stupid; I haven't hurt anybody, I'm a good Mum" (Sammy).

Most women described how they *"don't get treated like an individual"*. For Caroline, being chained to officer's unknown to her, who were guarding her during such an intimate event, amplified her feelings of distress and heightened her sense of loneliness at being without her partner. Lola, perceived that the handcuffs gave the officers a feeling of power and control over the woman:

"Twice a week I was travelling back to my home town, handcuffed, and I would see people that I know. The officers don't, like even try and hide that they're officers. They wear the uniform, and they wear it with pride, like 'I've got a prisoner'. And you see people looking at you, because of the way that the officers are walking" (Lola).

Considering the level of restraint and suppression that pregnant women feel, they appeared to be less likely to attempt an escape, especially if this meant jeopardising a place on the MBU. Women would scoff at the concept of their running off, especially in the later stages of pregnancy: *"look at me (gesturing to large abdomen), where am I going to run off to?"*; *"even if I wanted to run off I couldn't"*. Trixie did not understand why the handcuffs were needed, especially as she was wary of the impact any negative behaviour may have on her MBU place:

"I'm hardly going to escape, because I want to go to the Mother and Baby Unit, and I just want to get my sentence out the way" (Trixie).

Women who had attended appointments accompanied by officers and in handcuffs, would talk about how the public would look at them: *"for my scans I was handcuffed to an officer, so children were looking at me"; "everyone stares at you"; "they all literally looked you up and down"; "they looked at me like I was filth"*. Layla found the experience of being handcuffed exacerbated her shame:

"People look at you as if to say, oh, well, she must be really bad, her, if she's got two officers escorting her in handcuffs...you can see that they're moving away from you, and they're pulling their kids away from you and they don't want to be anywhere near you...they assume that you must be some really, really evil, violent person, and you're not you're just somebody that either made a mistake, or was wrongly accused" (Layla).

It was especially difficult for women when they felt 'judged', as if the juxtaposition between expectant mother and serving prisoner was in some way shameful in itself. Sammy, like most women in this study, was sentenced for a non-violent crime. Therefore, she found it more hurtful and humiliating to feel judged to be the same as a violent criminal:

"I do everything for my children, and I still am trying to be as active a mum as I can, so don't look and judge me. That was tough, especially the little children looking like as if I'd killed someone, because I was walking in with the handcuffs, so I must be a really, really bad person" (Sammy).

Caroline talked about her experience of being handcuffed and chained to male officers during a hospital visit, when she had been transferred as an emergency in her 39th week of pregnancy; she felt it was a personal violation and especially upsetting:

"I know they have got procedures to follow, but it wasn't even like the short handcuffs, it was the ones with long chains on which are heavy, and I was handcuffed to the man officer and he had to be asked every time they wanted to examine me to go out...But he stayed in the room the whole time" (Caroline).

Choice of officer attending the birth

Women reported that they could often request specific officers to accompany them in labour, suggesting a new typology¹⁴ of Prison Officer: 'a *maternal*'. When accompanied by a supportive officer of their choosing, women had a better experience of labour and birth, and often talked in glowing terms of their accompanying officer: "*she was lovely*"; "*really caring*"; "*he was ace*". Staff, too, found the experience of supporting women in labour rewarding, albeit emotional: "*everybody loves to see babies*"; "*I've had my fingers squeezed*"; however, no training was in place to prepare them for the emotional support needed when a mother was separated from her baby. Several women interviewed spoke about requesting POs they trusted and had built a relationship with to accompany them on a 'bed watch' when they went into labour: "*It depends who's on*"; "*I've got preferred officers*"; "*I've made a list of the officers who I would like to be there*'. Women would choose staff who they felt were the most caring:

"You can choose an officer from here, and I've chose...I've chosen Miss B, because she's lovely" (Krystal).

Whilst most women received their choices, some did not:

"First, they were saying I could make a list of officers that I would like to, officers that I get on with, but they can't make any guarantees, but whoever's on that shift and if they're on they could be my prison escort when I go into labour. So, I did the list, submitted it and then I got a message back saying, 'No, whoever you get you get' basically" (Caroline).

Susan spoke of having continuity of care with one of the officers who had accompanied her to scans and who she wanted with her in labour:

"She's been to all of my scans as well so it's quite nice, so she saw me like grow from like literally the first and then she saw my scan, so it would be nice as I am really relaxed with her, so it would be nice to get her. But obviously, I can't, I can't choose when" (Susan).

¹⁴ Tait, S. (2011). A Typology of Prison Officer Approaches to Care. *European Journal of Criminology*, 8(6), 440-454.

Being able to choose their accompanying officers alleviated some anxieties for the women, often contributing to a more positive experience of labour. Conversely, some women felt they were treated more harshly *because* they were pregnant.

Positive experiences of Prison Officer support during labour

Several participants spoke of staff with high regard, having had a positive experience. It appeared that sometimes the PO took on a maternal role as they supported women in labour: *“The officers were brilliant, they were holding my hand and everything”*; *“Some officers actually booked time off work to arrange to be at the birth and were just amazing”*. The support shown by some officers seemed to be extraordinary and full of compassion, making women feel valued and cared for. On the other hand, some women had mixed experiences:

“The first was a bit of an arse. I don't know whether she was [just detached] or what, but she just wasn't nice. In the end, I had my personal officer, but he left the room when I was ready to push. He's a star, I think he's ace, me. And Miss, I'd never met her before, but she was really lovely, really kind, really supportive, held my hand, everything” (Ellie).

Staff experiences of attending births

“Everybody loves to see babies, don't they, but there's no training for it and there's no training for dealing with a separation either” (PO 4)

During interviews with prison staff, they often talked warmly of supporting women in labour but admitted to not having had the training or support they needed, especially when women were separated from their babies soon after birth. Some described their relationships and role with women in labour as: *“talking and trying to keep the person calm”*; *“supporting them and encouraging them”*. Nonetheless, the role of birth supporter was carried out more through aptitude, than formal training:

“Quite a lot of us like doing it, because you get to see a baby, or you get to see a birth. But there's quite a lot of us that won't do it now, because I think if you know that they're being separated it's not a nice thing. In fact, everybody loves to see babies, don't they, but there's no training for it and there's no training for dealing with a separation either” (PO 1).

Staff would sometimes feel 'awkward' at being in the room with a labouring woman:

"You also try and blend in the background a bit because you're aware that the midwives are thinking, 'Oh, the prison officers stood there,' and stuff. So, it must be traumatic enough giving birth, without the knowledge that someone, well, they might not even know" (PO 2).

Negative descriptions

Women's general opinions on staff varied from negative descriptions: "disrespectful"; "I'm spoken to like shit"; "a lot of favouritism"; "they make the rules, so it's what they say goes". Most participants talked about one particular officer who would treat women poorly, as Kayleigh illustrates:

"They don't care! Why? Because we're criminals. There's one officer who I don't like. I don't want to sound horrible when I say this - I'm trying to find a nice word - she's a bit much. It's one of them kind of if I wasn't a criminal and we were both on the outside, I would have beat her up" (Kayleigh).

The restraint shown by women like Kayleigh when faced with staff who, in her view, were 'disrespectful' increased the burden of the prison experience. Preferentialism was also commonly experienced:

"There is so much favouritism. The girl next door gets so much more than me. She even gets more money than me and has a fridge in her room. The other girl who is next door is also favoured by one of the officers and that is why she gets everything" (Trixie).

Caroline explained how her identity as pregnant prisoner was labelled on the front of her notes, yet during her scan she was required to expose her body in front of a male PO:

"It's upsetting having a male officer there because I think the first man to see my baby should be the father, on my second scan I saw on the top of my notes "prisoner pregnant, female officers only" and they'd ignored that...I had to go on the monitor for half an hour and it was the same experience, they had to take my top off and sit about that far away (gestures a small distance with her hands) from me" (Caroline).

The choice of language used by officers and health staff exposed both humane and dehumanising forces at work. Bias is acknowledged here as those staff agreeing to be interviewed may have been from a generally more helpful and caring group. However, their views were valuable in distinguishing the pregnancy experience between prisoners and staff.

Experiences of separation at birth

In comparison to the overall female prison population, only a minority of women prisoners are separated from their babies immediately following childbirth each year; therefore, separations are an unusual and irregular experience for prison staff. Such limited experience, coupled with lack of training, meant that support mechanisms were often ad hoc. Reactions included a dread of being the person escorting the separating woman; *“distress”* of staff witnessing separation, and acceptance that: *“this is how it is”*. All staff interviewed identified the risk to a woman’s mental health in returning to the prison without her baby, and that they are *“automatically placed on an ACCT”* to ensure close monitoring to prevent self-harm by *“the distraught mother”*. Staff demonstrated awareness of this risk:

“They return, and they've got no baby, and they're on suicide watch...it's grief, really, isn't it? Dealing with that grief that they've lost their own child” (PO 5).

Additionally, staff may organise ‘listeners’ (prisoners who have had *Samaritans* training) to help women returning to prison without their baby: *“we’ve had two listeners in the cell with them all night, because of how bad they became”*. Staff would demonstrate empathy with the women, stating: *“it must be quite difficult”, “it’s quite painful”* and *“really emotional”*. Some staff sentiments centred on missed *“opportunities to change”* and become a good parent, suggesting women should be *“given the opportunity”*; *“a lot of genuine ones that would make fantastic mums”*; *“they just need the opportunity to prove it”*. Staff were also concerned for their colleagues: *“having to deal with that”*; *“distressing for the staff”*. Some staff accepted that this was part of the job but realised that separation is not a societal norm: *“It’s where we work; we’ve chosen to work here, and this is how it is”*; *“they don’t take kids off people for fun”*. Some staff expressed a lack of sympathy for the woman: *“they have lost the right”* (to be a mother) whilst others were concerned with the lack of sanctioned support for women: *“not a lot of provision for supporting them”*. Staff would also succour the woman: *“we can help them deal with it”*. However, support for staff was not explicit: *“It was awful, and we were all in tears”* (at the distress of a mother being separated from her baby). The lack of support for the women was a strong theme throughout the staff interviews:

“There doesn't seem to be a lot of provision for supporting them. The wing staff will support them the best they can. But it's almost like a bereavement, isn't it?” (PO 6).

Discussion: Staff and pregnant prisoner relationships

Most staff viewed the environment and care that pregnant women received as positive, in line with previous research undertaken¹⁵¹⁶ ¹⁷: *“I think from a clinical point of view they're quite well looked after”*. My interviews with staff uncovered some confusion around the protected role of the midwife, sometimes with incorrect advice being given. The assumption from prison staff was that a Registered Nurse was qualified to make autonomous decisions in relation to the pregnant woman under his/her care. All PO staff were unsure of the process for midwifery care: *“I don't know what happens after”*; *“I don't know if they attend health care”*; *“I don't know if a midwife does come in”*; *“We don't have a midwife on-site”*; *“if they've got any immediate concerns you straightaway get health care, which is usually one of the nurses”*; *“there isn't actually any of them that are midwives”*.

Being a pregnant woman in prison was recognised as being *“really tough”* by prison staff and suppression of natural bodily urges was expressed through empathy, especially from staff who had been pregnant themselves. Staff were often sympathetic about the loss of control pregnant women may feel, yet felt powerless to help: *“We take away so much control, even more so when they're pregnant, I think”*; *“They don't even know when their scans are; they just get told half an hour before”*; *“A lot of the control here is taken away from them, and I think that's frustrating”*; *“They don't want to be told that they're going to hospital with no notice...we can't tell them beforehand because of security risks”*. A prison officer reflected on her own experience of having autonomy in pregnancy:

“I always felt in control of my pregnancy...You've got your midwife's contact number, you know that if you're concerned, I was in control of ringing them... Even if they said, 'Oh, you're all right' and then I'd sit

¹⁵ Albertson, K., O'Keefe, C., Burke, C., Lessing-Turner, G. and Renfrew, M. (2014). Addressing Health Inequalities for Mothers and Babies in Prison. *Health and Inequality: Applying Public Health Research to Policy and Practice*, 39.

¹⁶ Galloway, S., Haynes, A., and Cuthbert, C. (2015). All Babies Count – An Unfair Sentence: Spotlight on the Criminal Justice System. *In*: London: NSPCC.

¹⁷ O'Keefe, C., and Dixon, L. (2015). *Enhancing Care for Childbearing Women and their Babies in Prison*, http://www.birthcompanions.org.uk/media/Public/Resources/Extpublications/FINAL_MBU_report_8th_December_2016.pdf

there for an hour, and then I'd be back on the phone, because that was my prerogative. They don't have that, so it must be really tough" (PO 5).

Prison Officer (PO) typology has been described by prison researchers^{18 19 20 21 22}. Bakker and Heuven (2006) describe the work of the police and of nurses as keeping an 'emotional distance' whilst demonstrating compassion and caring; similarly, types of prison staff can be categorised as 'true carers' and 'reciprocators' who like to help^{23 24}. The stress involved in prison work has been suggested to increase the likelihood of amplifying prisoners' suffering, especially when POs' stress levels are high²⁵. The typology of 'avoider' - where a member of staff avoids prisoner contact and is often the last on the scene of an emergency - may arise from such enhanced stress, and similarities of this typology are seen in health care settings²⁶. Liebling (2011) groups together POs who show certain traits, such as humour, solidarity, suspiciousness and cynicism, bringing staff together through their characteristics whilst keeping a distance from prison management.

The relationships between pregnant women and staff mirrored findings from the criminology literature where characteristics and personalities of prison officers were intrinsic to the prison experience^{27 28}. Most of the pregnant women would talk about specific members of staff, from describing them as "*a laugh*"; "*going the extra mile*"; to "*evil*" or a "*complete bitch*". There were favoured members of staff and these were often the ones who were chosen to be on a rota to

¹⁸ Gilbert, M. J. (1997). The Illusion of Structure: A Critique of the Classical Model of Organization and the Discretionary Power of Correctional Officers. *Criminal Justice Review*, 22(1), 49-64.

¹⁹ Liebling, A., Price, D., and Shefer, G. (2010). *The Prison Officer*. Routledge.

²⁰ Tait, S. (2011). A Typology of Prison Officer Approaches to Care. *European Journal of Criminology*, 8(6), 440-454.

²¹ Liebling, A. (2011). Moral performance, Inhuman and Degrading Treatment and Prison Pain. *Punishment & Society*, 13(5), 530-550.

²² Shannon, S. K., and Page, J. (2014). Bureaucrats on the Cell Block: Prison Officers' Perceptions of Work Environment and Attitudes toward Prisoners. *Social Service Review*, 88(4), 630-65
Bakker, A. B., and Heuven, E. (2006). Emotional Dissonance, Burnout, and in-role Performance Among Nurses and Police Officers. *International Journal of Stress Management*, 13(4), 423-7.

²³ Tait, S. (2011). A Typology of Prison Officer Approaches to Care. *European Journal of Criminology*, 8(6), 440-454.

²⁴ Gilbert, M. J. (1997). The Illusion of Structure: A Critique of the Classical Model of Organization and the Discretionary Power of Correctional Officers. *Criminal Justice Review*, 22(1), 49-64.

²⁵ Shannon, S. K., and Page, J. (2014). Bureaucrats on the Cell Block: Prison Officers' Perceptions of Work Environment and Attitudes toward Prisoners. *Social Service Review*, 88(4), 630-65
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²⁶ Gilbert, M. J. (1997). The Illusion of Structure: A Critique of the Classical Model of Organization and the Discretionary Power of Correctional Officers. *Criminal Justice Review*, 22(1), 49-64.

²⁷ *ibid*

²⁸ Arnold, H. (2016). The Prison Officer. *Handbook on Prisons*, 265.

escort pregnant women in labour. *“Turning a blind eye”* to some contraventions from women following birth was a common occurrence. Some staff would state that they would treat the *“women like I want to be treated”*; however, this often depended upon the severity of the crime that had been committed. Health care staff were reported to be more judgemental, more demeaning and less sympathetic to the pregnant prisoner. Staff held varying views on the pregnant women, and relationships were often dependent on how acquiescent the women were: *“staff will go an extra mile always”*; *“People think that because we’re a guard, we don’t care, but how can you not care?”* It was clear that those staff interviewed were dedicated to their jobs and to the women: *“it’s a measure of how well you are, how well you treat your prisoners”*; yet the fine balance in a relationship was recognised as not going beyond a prisoner/staff relationship:

“Because these aren’t really relationships, they aren’t people that you’ve chosen to be with. Because next week when you’re at home, these people won’t mean a thing to you; you will have forgotten all about them. It’s not like if you get upset with your best friend, because they’re being rude to you and that kind of lives with you, doesn’t it?”
(PO 3).

A new typology of prison officer has emerged from this study. The ‘maternal’ is a staff member who is considered *“lovely”*, *“nice”*, or a *‘true carer’*²⁹ and is chosen to go on ‘bed watch’ with pregnant, labouring women. Goffman³⁰ (1968:79) exposed the ‘sympathiser’ as an officer most likely to burn out; yet it appears that the ‘maternal’ is left feeling valued as a chosen person able to ‘hold a hand’ or ‘hold a baby’. This role ambiguity between guard and birth supporter warrants exploration. It is clearly juxtaposed: the officer, chosen or not, is going on bed watch in her/his role to ‘watch’ and ‘guard’ the prisoner. However, as the findings have demonstrated, in many cases both staff and prisoners see the role of ‘bed watch officer’ to be like that of a birth supporter. This role confusion is interesting: the boundaries appear more fluid when an officer is outside of the institution on ‘bed watch’ and it can lead to rule breaking.

Conclusion

Staff were often unaware of whose role it was to care for the pregnant woman; a common theme amongst staff and women is the limited knowledge of entitlements; this led to officers’

²⁹ Tait, S. (2011). A Typology of Prison Officer Approaches to Care. *European Journal of Criminology*, 8(6), 440-454.

³⁰ Goffman, E. (1968). *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*: Aldine Transaction.

perceptions that nursing staff were able to make midwifery decisions and, therefore, nurses were at risk of acting outside of their sphere of practice and at risk of breaching the Nursing and Midwifery Statutory Order³¹ (2001) which forbids the attendance of anyone other than a Registered Midwife or Medical Practitioner from attending a birth. A new concept of 'maternal' prison officer typology has emerged, where officers supporting labouring women have blurred boundaries between being 'prison guard' and 'caring birth supporter'. The layers of bureaucracy essential in the smooth running of a prison institution, does not usually consider the anomaly of pregnancy. The institutions of 'health' and 'prison' appeared to collide with confusion over the role of each culture.

Recommendations

Staff were often unaware of whose role it was to care for the pregnant woman; a common theme amongst staff and women is the limited knowledge of entitlements; this led to officers' perceptions that nursing staff were able to make midwifery decisions and, therefore, nurses were at risk of acting outside of their sphere of practice and at risk of breaching the Nursing and Midwifery Statutory Order (2001) which forbids the attendance of anyone other than a Registered Midwife or Medical Practitioner from attending a birth. A new concept of 'maternal' prison officer typology has emerged, where officers supporting labouring women have blurred boundaries between being 'prison guard' and 'caring birth supporter'. The layers of bureaucracy essential in the smooth running of a prison institution, does not usually consider the anomaly of pregnancy. The institutions of 'health' and 'prison' appeared to collide with confusion over the role of each culture.

Three major recommendations arise from this work. First, female staff should accompany pregnant women to hospital appointments. NHS staff should be made aware of this. Staff should leave the room for scans or any examination which may expose a woman's body unless she expresses the wish to have prison staff present. Appropriate training and support should be given to prison officers who attend women on 'bed watch', with debriefing available when this has been especially emotional.

Second, at present the PSO 4800 (2008) states: 'Pregnant women are not handcuffed after arrival at a hospital or clinic. Women in labour are not handcuffed either en route to, or while in hospital. Restraints are carried but not applied unless necessary' Policy should be explicit to ensure this guidance is followed. The use of handcuffs and / or chains should be the

³¹ Nursing and Midwifery Order, 45 Statutory. (2001). Department of Health. http://www.legislation.gov.uk/ukxi/2002/253/pdfs/ukxi_20020253_en.pdf

exception rather than the rule for perinatal women and guidance should be updated to reflect this. If handcuffs/chains are considered essential due to flight risk, written permission should be sought from the managing Governor.

The third recommendation is that the Birth Companions' Birth Charter is a useful resource for all prison staff, detailing best practice and recommended guidance when pregnant women and new mothers are in prison.