



Article

Institutional thoughtlessness and the incarcerated pregnancy

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Abstract

This article examines the unique experiences of pregnant women in prison, building on Sykes' concept of the pains of imprisonment and Crawley's notion of institutional thoughtlessness. Based on qualitative data from an ethnographic study of three English prisons, including interviews with 28 pregnant prisoners and 10 staff members and field observations, the study highlights the lack of basic provisions for pregnant women, such as adequate nutrition, fresh air and suitable bedding. The article argues that the lack of such rudimentary provisions leads to the unique experience of the pains of imprisonment for pregnant women. The article argues that the prison system needs to take a more considerate approach to prisoners who have specialist requirements, including pregnant women, rather than treating them as a homogenised group.

Keywords

Ethnography, institutional thoughtlessness, pains of imprisonment, pregnancy, prisons, women

Introduction

There is a growing academic literature about women's imprisonment (e.g. Baldwin and Epstein, 2017; Bosworth, 2017; Carlen and Worrall, 2004; Chamberlen, 2017; Crewe et al., 2017; Gelsthorpe, 1989; Smith, 2002, 2009; Walklate, 2012). However, comparatively little

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research has been conducted on the distinct prison experience of pregnancy. This evidence gap prompted the lead author's (Abbott, 2018) research question: what are women's experiences of pregnancy in English prisons? After examining the qualitative study data, it became even clearer that pregnancy in prison is an anomaly, deviating significantly from the more typical prison experience. An overarching theme established through key findings was how institutional thoughtlessness (Crowley, 2005) impacted women's experiences of being pregnant in prison. This article examines the multifaceted nature of institutional thoughtlessness experienced by pregnant women in prison. It analyses how institutional practices, policies and procedures perpetuate inconsiderate behaviour, resulting in adverse outcomes for this vulnerable population. The findings underscore the pressing need for systemic reform within correctional institutions to address these issues and improve the experiences of incarcerated pregnant women.

Pregnant women in prison

The plight of pregnant women within the prison system represents a complex and multifaceted issue that varies significantly across different countries. In the United Kingdom, approximately 600 pregnant women are incarcerated in 12 female prisons each year, raising concerns about their access to adequate healthcare (Baldwin, 2015; Davies et al., 2020; Prison Reform Trust, 2022). Comparatively, the United States has the highest number of incarcerated women globally, with around 3% of that population being pregnant (Sufirin et al., 2020; Walmsley, 2017). In contrast, Scandinavian countries such as Denmark, Sweden, Finland, and Norway exhibit the lowest numbers of imprisoned women (Walmsley, 2017). Norway, for instance, permits delayed incarceration or temporary release for sentenced pregnant women to complete their sentences after giving birth (Ministry of Justice and Police, 2010). Similarly, Brazil introduced legislation in 2018 that ensures pregnant prisoners have the right to give birth outside of prison under specific conditions, with the Brazilian Constitution generally exempting pregnant women from imprisonment, except for exceptional cases (Brasilia, 2018).

Despite the legal requirement for equivalence in healthcare for all prisoners, pregnant women encounter varied treatment, influenced by perceptions of good conduct by prison staff (Abbott et al., 2020). This inconsistency is reflected in the provision of maternity care and its potential adverse effects on mental health, as well as the experience of shame and disenfranchised grief for imprisoned mothers separated from their newborn babies (Abbott et al., 2022; Dolan et al., 2019; Gregoire et al., 2010). While previous UK studies focused on health outcomes, staff perspectives and institutional practices, the health of unborn babies and the long-term well-being of children born to incarcerated mothers remain underexplored areas (Albertson et al., 2012; Edge, 2006; Knight and Plugge, 2005).

Three systematic reviews conducted by Knight and Plugge (2005), Shaw et al. (2015) and Bard et al. (2016) explored the health outcomes of pregnant women in prison and their babies. While Knight and Plugge's study suggested improved physical outcomes for babies of incarcerated women compared with similar disadvantaged non-prison groups, the reasons behind premature births remained unclear. Shaw et al. highlighted the need for more qualitative research to understand the experiences, and Bard et al. emphasised missed opportunities to improve the health of pregnant women during

incarceration. All three reviews identified a lack of rigorous qualitative studies and the need for routine data collection on pregnant women in prison.

Institutional thoughtlessness

Sykes' (1958) concept of the pains of imprisonment identified deprivations associated with male prisoners, encompassing: loss of goods and services; relationships; autonomy; security and liberty. Haggerty and Bucierius (2020), reviewing the 'proliferating' use of the concept in subsequent papers, identified four logics of expansion: additional pains not originally identified by Sykes; disaggregated pains that result from differences among prisoners; pains beyond the prison walls experienced by non-incarcerated persons; and distinctively modern pains resulting from changes in penal practices. Disaggregated pains are key to the argument of the current article. These include the gendered pains of imprisonment identified by Crewe et al. (2017). It appeared that women often experience greater suffering than men due to high incidences of childhood abuse, which exacerbated painful loss of autonomy, relationships and security.

Haggerty and Bucierius drew attention to the work of Crawley who, in examination of the situation of the day-to-day experience of elderly men in prison, identified the impact(s) on this group of the system designed for younger, fitter men in a process she termed institutional thoughtlessness. Such impacts, Crawley (2005) argued, were not intentional but were inadvertent, the result of failure to recognise the needs of other groups, in this case elderly men: '. . . prison regimes simply roll on with little reference to the needs and sensibilities of the old' (p. 358). The problems experienced by this group were often regarded as inconveniences by prison staff and 'Such problems in any case are often of low visibility and tend to lack effective advocacy' (Crawley, 2005: 358). While problems may present considerable difficulties for the individual, they are of little interest or consequence to the institution, geared as it is to the containment and batch-living of a different kind of prisoner, the majority. Prison staff, she argued, were principally concerned to ensure that each prisoner received their entitlement without further differentiation; managing the tension between consistency and flexibility is problematic in institutions in which avoidance of imputation of unfairness is key to maintenance of discipline. Staff also wished to avoid role ambiguity with that of nurse or caregiver. Crawley's conceptual work, while developed in the analysis of the lives of older male prisoners, has clear implications for other, often minority, groups in prison. For pregnant women this includes the inadvertent nature of their disaggregated pains of imprisonment, staff problems with consistency versus flexibility and imputations of unfairness, maintenance of discipline and role ambiguity.

This article centres on the disentanglement of gendered pains through an exploration of the distinct challenges faced by pregnant women in prison. To the extent that women's prisons make any adaptation from a system designed for the 'young, fitter, male' population, these, in turn, often overlook the needs of pregnant women. This article examines the disaggregated pains of imprisonment of pregnant women prisoners and the impacts which arise from institutional thoughtlessness about their needs. It then considers the limited nature of (additional) entitlements for this group together with the complications which arise in accessing and deploying such entitlements.

Methods

The field work and interviews were carried out by the lead author who has midwifery expertise in pregnancy, birth and new motherhood, but no previous experience of prison research. The epistemological position was grounded in institutional ethnography (IE) drawing on approaches employed by Campbell et al. (2006), Smith (2005) and Darlington and Scott (2003). IE is a qualitative research approach that explores how individuals' experiences and actions are shaped by larger social institutions and the connections between personal experiences and broader social structures. D. Smith (2005) developed the concept of IE with the perspective of women's subordination and 'suppression' as key components (Campbell, 2003). Goffman (1961) considered institutions as a vehicle to understanding everyday behaviour and measures of control. Taking the IE approach to prison field work helped illuminate the everyday experiences of pregnant women in prison (Darlington and Scott, 2003; Campbell et al., 2006; Smith, 2005).

The study was conducted in three English prisons (a closed prison without a Mother and Baby Unit (MBU), a closed prison with an MBU and an open prison with an MBU) and included women over 18 years old who planned to continue their pregnancy; it did not extend to other pregnancy experiences. Semi-structured interviews with 28 women and 10 staff members were conducted, together with field notes. Observation of three English prisons during daytime hours allowed for examination of 'everydayness' (Smith, 2005) through the lens of a pregnant woman. The tension and milieu could not always be gleaned from audio-recorded interviews, but the mostly handwritten field diary entries, such as the extract below, detailed environmental strains:

This morning there are tensions as the prison has been on a four-day lockdown.¹ You could feel the atmosphere, the heightened tension in the air. One of the orderlies said to me, 'There's going to be a big fight . . . it's evil in here, it's just evil!' It's so tense; the thick air, the angry atmosphere, it's claustrophobic. I want to get out of here; it feels oppressive. The staff appear nervous, the women are pacing, there's shouts, there's echoes: 'Get me back to my cell away from here'. It's dark, it's dusty, it's noisy. (Field notes)

The study used an immersive ethnographic approach, allowing participation observation of women's experiences, provide rich data and participant validation ensured data accuracy. However, the sample may not represent all women's experiences in other prisons or those who did not speak English. Abbott's (2018) capacity as a Registered Midwife engaging in prison research allowed merging of professional expertise with sociological insights, offering a deeper understanding of the challenges faced by pregnant women. Throughout the fieldwork, the researcher grappled with the need to remain an observer rather than speaking out, which resonates with the restraint and resilience demonstrated by the women as they navigate similar environmental pressures.

Analysis of data

In the initial phase of data analysis, 178 nodes and 24 categories were identified from the raw data. To reduce the complexity and focus the analysis, a rigorous process of thematic analysis was undertaken (Braun and Clarke, 2012). This iterative process of consolidation and abstraction resulted in a reduction of nodes and categories, eventually leading to

the identification of the central themes that became the primary focus of this article. These themes represent the core findings and insights that provide a meaningful understanding of the research topic, while also highlighting the most salient aspects of the data for further investigation and discussion. Towards the end of field work, the iterative process of reviewing and reducing themes began. Field notes were important for recalling content as audio recordings were deleted. Pseudonyms were assigned to ensure confidentiality.

Findings

The following expands key themes that arose, charting the daily lives of imprisoned pregnant women. Pseudonyms are used throughout for women participants and Prison Officers are abbreviated as PO. For anonymity, the type of prison setting is not acknowledged with participant quotes to prevent identification of institutions.

Basic provisions and bedding

The lack of basic provisions for women experiencing a carceral pregnancy frequently presented as deprivations (Sykes, 1958). All pregnant women were asked about their living conditions. They described the setting, the people they lived alongside, their rooms and the experience of being locked in. The participants found the constant surveillance to be overwhelming, with one individual likening it to the omnipresent figure of 'Big Brother' from George Orwell's (1949) dystopian novel. However, intense scrutiny did not always extend to thoughtful responses to the health needs unique to pregnant women. Prison bedding worsened discomfort for most pregnant women. Inconsistent procurement of pregnancy mattresses was noted among prisons, with some women having to use two mattresses. The rigidity and shallowness of the mattress caused discomfort, affecting the sleep patterns of pregnant women. Interviewing women in their rooms allowed for a better understanding of their environment, evidenced in a diary entry written after spending time with a pregnant woman:

The bed has a long, thin mattress and I sat on it; it's really hard, like a park bench. The woman said to me, 'And that's with the duvet on it!' There are two pillows, but they're not really like pillows, they're plastic foam-fillers, they're very hard and made of foam, like a gymnast's blue mat. (Field notes)

Prison mattresses and pillows are custom-made and fire retardant, complying with Prison Service Instruction and fire safety legislation. During interviews women would often describe their mattresses and pillows. One woman gestured with a knock on the wooden desk of the interview room to demonstrate how hard her bed was. Sleep disruption while pregnant was common to all participants, often caused by uncomfortable bedding. While night waking can be normal in pregnancy (Ward, 2017), the agitation caused by mattresses and pillows was the given reason for sleep deficiency. Jolene, pregnant with her second baby and feeling claustrophobic in her room, described her difficulties in trying to sleep:

My belly was hurting . . . I'm on the top bunk, because my bottom pad mate's too fat to get on the top, so I'm climbing up and down those bloody ladders . . . I feel like I'm lying on that wooden table [knocks table in the interview room]. They don't care. They haven't got to sleep on it, have they? I can't f***ing breathe [gesture of feeling enclosed], and my back's breaking. (Jolene)

Jolene articulated a sense of confinement within her room, which caused claustrophobia. Her narrative revealed the dual challenges of her gravid condition and the spatial constraints of her living environment. Ahrens (2015) discussed the gendered response of judgements made against childbearing women who were incarcerated and facing disadvantages, encapsulating the status and control of these women. Chamberlen (2017) referred to the 'punishment–body relation' (p. 139) as a way to describe how women's identities were permanently altered through imprisonment, resulting in physical scars from self-harm and changes in body size. Essentially, the punishment–body relation played a significant role in shaping the identities of incarcerated women, as well as the judgements made against them based on their gender and reproductive status:

Incarceration . . . is the broader social status of women that authority's control, particularly the status of poor and minority women, constructed as 'bad mothers' who should not be pregnant or birthing in the first place. (Ahrens, 2015: 8)

Kayleigh outlined the lack of clarity between health and security staff roles when an extra pillow was requested:

I asked the officer could I have an extra pillow for my belly, for the baby, you get me. Because of the way, she's lying – because of the way I lie sometimes. And they like asked the nurses, so then I asked the nurses, and the nurses were like, whoa, you've got to ask the officers. (Kayleigh)

Sammy described how she suffered physical pain, while heavily pregnant and trying to sleep, because the bedding was so uncomfortable:

I begged for a different mattress . . . the pain was just unbelievable and when you can't sleep you just cry with frustration, because you're in that much pain. (Sammy)

The contemplation of the profound stress experiences, intrinsic to incarceration, and its correlation with the experiences of pregnant women, signifies the potential impact it may exert on their pregnancy trajectory and the well-being of the unborn baby. Neuroscientific research underscores that excessive anxiety in pregnancy may disrupt foetal brain development, potentially leading to enduring neurological and behavioural consequences (Glover et al., 2010). Consideration of how toxic stress² may contribute to their pregnancy experience and ultimately the impact upon the unborn baby was a common expression from women.

Clothing

Women regularly reported that items they were entitled to were deliberately kept from them. The system relied on prisoners not knowing their rights – an example of the

inaccessibility of maternity clothes, demonstrating the visible manifestation of thoughtlessness, illustrated by Kayleigh:

I get right pissed off and I'm thinking, why are they withholding this information from us? . . . I'm entitled to maternity clothes, but they wouldn't allow me to have a parcel in. I either get ignored or I get a message back saying you've already had your parcels. (Kayleigh)

Women frequently received ill-fitting clothing, often attributed to weight loss or inaccurate sizing, despite the typical weight gain associated with pregnancy. Some women would use baggy clothes to hide their pregnancy to blend in and not draw attention to themselves:

I don't like wearing these (baggy clothes) when I've lost weight. I might have lost more than a stone . . . It's only when I've got my top off, I can see a bump. (Lola)

Pregnant women frequently waited many months for appropriate maternity clothes which they had ordered. Receiving parcels and packages from outside prison was especially difficult for women who required larger clothes and maternity bras:

You're only allowed one package a year in this jail . . . It takes so long and then you don't end up getting the clothes because they're out of stock. (Abi)

Issues with over-sized and loose-fitting clothes also hid the fact that despite pregnancy being a time where women gain body mass, some prisoners lost weight.

Space and noise

The narrow passages, irregular flooring and lack of physical space made it difficult for pregnant women to move around comfortably. Prison spaces are depicted in the following field diary extract:

You go further into the prison, deeper, and into where women are housed with the sloping, uneven floors and narrow corridors. The tiny cells, and young women who may be quite heavily pregnant, sharing with three or four others in a very confined, dark place. Many of the women I see are very thin. One woman was almost due to have her baby, but you would never know. (Field notes)

Material deprivations are common among all prisoners (Shammas, 2017; Sykes, 1958), yet in pregnancy deprivations were exaggerated with dehumanising elements. Rice (2016) described how prison life is: 'punctuated by loud, disturbing, events that burst suddenly and starkly into the soundscape' (p. 5) and for pregnant women where rest equated physical well-being, noise was especially hard to tolerate. Fear of physical violation was another reason for women wanting to hide their pregnancy:

Even though I don't speak to a lot of people, I am kind of scared and that's why my tops are big, so you can't see I'm pregnant. Because you don't know who you're living with in here, not at all. (Trixie)

Food, nutrition and hydration

Criticism of food quality is reported to be a shared experience for all prisoners, with negative descriptions of food and water (Godderis, 2006; Smith, 2002; Smoyer, 2015). Observations from fieldnotes reveal that pregnant women were provided with additional food; however, it was noted that the manner in which these nutritional provisions were assembled lacked consideration:

“One woman went to show me what the pregnancy pack [3] looked like -in this pack there was a pear, bread, cereal and plastic carton of milk, all compressed together, wrapped in clingfilm. So, the milk is squashing the bread and the pear, resulting in the bread becoming damp and inedible, while the pear is left bruised.”³

All study participants found the day-to-day poor quality and timing of prison food problematic with several pregnant women reporting hunger, thirst and weight loss. Fear was expressed by some women that the water consumed in prison would in some way harm their unborn baby:

That was a big thing for me, the water, it tastes all metallic, so you don't know what you are putting into your body and it's all going through your placenta, it's all going through to your baby isn't it? (Abi)

The poor food quality is often described as feeling like an additional layer of punishment (Ahrens, 2015; Smith, 2002; Smoyer, 2015). Karis reflected on her experience when she had been a pregnant prisoner:

You had to drink water out of the tap . . . it doesn't feel very healthy, the water in there . . . I didn't drink very much water because of the crusty old taps that it was coming out of . . . that's what you filled up your hot water bottle with . . . your flask at night, that wasn't good, I didn't drink much water. (Karis)

For pregnant women, daily deprivations represented a lack of agency and further punishment. Sharon was distressed at how the lack of consideration towards her reflected a perceived carelessness towards her unborn baby:

The crap food and horrible smells wouldn't bother me so much if I wasn't pregnant, but I have to think of my baby. (Sharon)

The rigorous daily routine in prisons can worsen health problems for pregnant women, potentially endangering both maternal and foetal health. Control over incarcerated women is occasionally expressed through their eating disorders and resistance to gain autonomy, with unborn babies becoming enmeshed in exclusionary practices that exist in prisons where 'life is trapped in-between two states', leaving both mother and unborn in a state of limbo (Shewly, 2013; Smith, 2002). Moreover, the inadequate provision of crucial nutrients required for a healthy pregnancy is also a concern for some incarcerated pregnant women.

Heartburn and hunger are normal physiological responses to pregnancy. However, in prison women found hunger predominantly difficult to manage due to the lack of control over dietary urges. Krystal expressed similar experiences to Kayleigh:

In the morning I'm hungry, but I don't want cereal. So, I'm hungry, but I don't know what I'm hungry for. Because even if there was food there, I don't think I could eat it. (Krystal)

Layla expressed her experience of rushed mealtimes which led to bloating and indigestion. It was hard to keep up with some having to leave their plate before they had time to finish:

I'd never got to digest my food properly . . . it was like you were eating as though you were in the biggest rush you've ever had . . . so I didn't eat the right amount that I needed to eat. (Layla)

In prison the symptoms experienced universally by most women (e.g. heartburn, nausea and excessive hunger) were exacerbated by the regime and poor quality of food.

Access to fresh air

The need for fresh air is intrinsic to the prison experience, depicted in field notes as taking a 'deep gulp of air' on leaving the setting. The sense of air hunger, due to the lack of fresh air or not having windows that open was especially difficult for pregnant women:

Upstairs they've got a window they can open, and it only opens to like that much (gesticulating approximately four centimetres with her hands), but it lets a bit of fresh air in. Downstairs we haven't got a window, we've just got a metal cage thing that you can turn to maximum. (Boo)

At the time of data collection, smoking was permitted within the prison wings.⁴ One pregnant woman had started smoking in prison and others described the smoke-filled environment of their prison wings and how they became desensitised to the smoke-filled environment to which they were exposed as Sharon described:

It got to the point I stopped noticing the smoke. (Sharon)

Silvestri (2013) noted that in the United Kingdom, basic requirements such as clean clothes, hygiene products and adequate ventilation are necessary in prisons, with each governor responsible for overall control. Smith (2000) argued that implementing 'healthy prisons' is complex and unlikely to be beneficial for the health and prospects of women, as exemplified by the inability of pregnant women to choose smoke-free environments. Abi, a 'high-risk' prisoner, described her experience:

. . . The non-smoking wing is the most cramped wing in the prison . . . I don't like the smell of smoke; it makes me feel sick . . . Its only sharing cells [on the non-smoking wing] . . . you get rooms that are like five to a room and there are no other wings like that. I'm high risk, so I'm not allowed to share a cell. It doesn't make sense. (Abi)

Some women were not deemed suitable to share a room, due to having a high-risk status that resulted from the severity of the crime they had committed; therefore, the only option was to live in a single cell on a smoking wing. Caroline had a single cell on a smoking wing for the same prisoner status reasons as Abi and shared similar fears of losing her privacy and space if she were to move to the non-smoking wing:

I did notice it [the smoke] when I first came onto the wing, definitely when I first came to prison, I'd noticed it. I was coughing a lot . . . now I don't cough, and now I don't smell it. (Caroline)

Field diaries described how fresh air was limited and noted the implications for the well-being of the pregnant woman and her unborn baby:

Coming out of the wing was a similar feeling to how it was walking out of a smoky pub in the 90s. You take a gulp of air as you exit the wings. You see the staff do this too. How must this feel for the women? (Field notes)

Staff views

Interviews with prison staff revealed their opinions of pregnant women and mothers. One senior PO described how pregnant women, new mothers and babies are in such a small minority that predictably they were lost within a system that does not reflect their needs:

. . . It's no surprise that people don't know about mothers and babies . . . there's 80-odd thousand people in jail so it's probably the smallest minority we have. There're probably more disabled people, more old people, more ethnic groups and all those groups are more broadly represented than the mothers and babies. So, it's no wonder that people don't know a great deal about it. (PO)

Tait's (2011) work contributes to the understanding of PO typology, identifying categories such as 'true carers' and 'reciprocators', while also highlighting the potential impact of stress on the 'avoider' type. The natural instinct of some officers to care for a pregnant woman often conflicted with the duties of a guard, and this sometimes created tension for staff. There appeared to be a dual standard towards the pregnancies of colleagues' counter to the pregnancies of prisoners. An example of this was ensuring that pregnant colleagues were not exposed to secondhand smoke:

The other week, they were definitely smoking spice and we'd got a pregnant nurse on the unit and I said, 'You're not staying on here until we can find out where it's coming from'. Because you don't know what it's going to do to them, do you? (PO)

Pregnant women's experiences of being held in smoky environments did not support staff perceptions. For instance, some staff spoke about the designated non-smoking wing:

We've now got a smoke-free wing, so if pregnant women wish to, they can live in a smoke-free environment; it's a lot calmer there as well. I feel better when pregnant women are there; I feel that they're safer almost. (PO)

Staff were unsure of the entitlements with regards to pregnant women having different mattresses and pillows: 'we have got some pregnancy mattresses around the jail'.

There was a lack of clarity with arrangements regarding bedding as the pregnancy progressed:

I think the closer that they get to the end of the pregnancy they put them into a single cell, so they're on their own. Because even though the bunkbeds are bunkbeds, they're still quite difficult to get in and out of underneath, on the bottom for someone that's quite heavily pregnant. (PO)

The prison system exhibited a lack of attention to specific biological requirements of pregnant women. Day-to-day routines and rules of incarceration had an accumulative effect on them. Discrepancies were noted in several aspects, including attire and body image. Certainly, POs often displayed sympathy yet felt constrained by the system or felt powerless to help as one prison staff member pronounced: 'Her belly's [abdomen] hanging out because she's, her clothes are too small because she's pregnant'. The universal response of prison structures was to have clothes catalogues without a choice of maternity garments or nursing bras. Maternity clothes had to be bought by women themselves or provided through charities after navigating a complex system. This was confirmed by a PO who stated:

I think they can purchase things like that [maternity clothes and bras] for themselves, if they've got money. If they haven't got money and there really isn't any way of getting anything like that, then they're issued with prison-issue clothes anyway, so they'd just go for bigger sizes. (PO)

Explorations of gendered judgements against incarcerated childbearing women facing disadvantages, while also aligning with concepts of pains of imprisonment, elucidates the lasting impact of imprisonment on pregnancy identities and the subsequent judgements rooted in their gender and reproductive status.

Discussion

The prison milieu is often described as brutal for all prisoners (Crawley, 2005; Crewe, 2009; Liebling, 2011; Ross et al., 2011). Evidence suggests that the prison experience may be more difficult for women and harder still for women who are pregnant (Abbott et al., 2020; Ferszt, 2011; Gullberg, 2013). Some women's biological functions (menstruation, lactation) require privacy which a male-dominated environment often fails to accommodate. Jewkes and Laws (2021) helpfully define women's spaces in prison as having: 'specific design features and institutional decisions [which] erode(d) privacy and dignity' (p. 4). Liebling (2004: 50) discussed how having appropriate sanitation in the list of standards for prison life, implied a potential lack of appropriate hygiene.

Meeting the needs of pregnant women is similarly distanced from the purposes of imprisonment with divergence between society's perception of the inviolability of pregnancy compared with that of the prison experience. The literature reports on prison discomforts and the experiences of deprivations and material loss for women (Crewe et al., 2017; Jewkes and Laws, 2021; Mertens and Laenen, 2020; Morash et al., 2020). There is

a further paradox in that, for some women, prison can be safer, offering a more stable life away from drugs and violence (Bosworth, 2017; Chamberlen, 2017; Gelsthorpe, 1989; Walklate, 2012). However, for the pregnant woman, the physical pain caused by everyday deficiencies were often described in words that portrayed significant suffering. Moreover, Sykes (1958) stated that the prisoner: ‘. . . can never feel safe . . . (s)he is evaluated in public view’ (p. 77). Indeed, women’s descriptions demonstrated an increasing sense of fear as their pregnancies progressed towards an inescapable prominence. The discomfort caused by wearing ill-fitting clothing highlighted inconsistencies within the prison system. This discomfort led some women to conceal their pregnancies due to fear, a phenomenon that resembles the scenario described in Crawley’s study concerning elderly men who lacked warm clothing. Having some entitlements addresses only part of the problem: a mattress but not an additional pillow; more food but not at times of the day that women are hungry; clothing but not suitable for maternity wear. In addition, distribution of entitlements to members of a numerically small group may raise issues of unfairness, leading to fears of disruption of discipline. Asking for entitlements may identify the prisoner as pregnant when some wish to conceal their pregnancies from fear for their safety among other prisoners. Importantly, women prison staff may have personal experience of pregnancy and men may have experience of pregnant partners, both being significantly different from the situation of prison staff who encounter older male prisoners.

The impact of experiences around food, lack of maternity clothing and suitable bedding brings into focus the anomalous nature of pregnancy in prison. Prison clothing was described by Ash (2009) as: ‘part of a complex prison system of regulated consumption, provision and maintenance [. . .] at worst it is about embodied punishment [. . .] diminishes self-esteem – characteristic of all prison systems’ (p. 26). Similarly, Chamberlen’s (2017) participants described how restrictions around suitable provision of clothing further denied women’s identity. Although bedding is rarely identified as a problem in the criminology literature, Dewa’s (2017) mixed methods study of insomnia management in a prison population reported that mattresses being too uncomfortable combined with inadequate bedroom arrangements led to poor sleep quality.

Unrecognised needs

Jewkes and Laws (2021) noted that: ‘patriarchal prison design serves women especially poorly’ (p. 9). This is particularly apparent when it comes to some women’s distinctive physiology, albeit with the understanding of the nuances that some women of childbearing age may not be able to menstruate, lactate or become pregnant. Attempting to manage menstruation in a communal environment is further demonstration of how the prison system is insensitive towards women’s distinct biological needs (Carney, 2020; Roberts, 2020; Smith, 2009). Paradoxically, lactating women who needed breast pads were provided with ordinarily rationed sanitary products as an unsuitable mechanism to soak up breast milk. This suggests the prison system has, as Smith (2009) reported, a lack of knowledge and understanding about pregnancy and menstruation.

The treatment of biological functions such as menstruation in prison systems highlights a lack of attention to specific needs, including the rationing of sanitary protection

and invasive intimate searching. Similarly, the hidden nature of early pregnancy suggests a failure to recognise and accommodate the unique needs of pregnant women, leading to a lack of distinct treatment within the prison system. While being characterised as *just another prisoner*, this research found that pregnant women were also labelled as another homogeneous group (*the pregnant*s) by some prison staff (Abbott et al., 2020). Participants expressed their frustration at being treated similarly to other inmates and highlighted the importance of acknowledging their diversity and unique needs to prevent further homogenisation.

The prison system's lack of consideration for pregnant women and their unborn babies was a significant issue, as women often experienced confusion, disempowerment, and concerns about their baby's health. The simplistic notion of maintaining health suggests a minimum standard to be met and yet for the pregnant woman, there is also an unborn baby to contemplate, where 'life is trapped in-between two states' (Shewly, 2013: 29). Contrasting the brutality of prison life, Abbott (2018) reported the moments of pleasure described by some women whereby sensations of internal movements and foetal kicks often encapsulated the woman and her unborn together, cushioned in a world of their own that nobody could penetrate. Shewly's (2013) work supports the notion of how unborn babies may become part of exclusionary practices by prisons. The lack of recognition of unborn babies' status and value in prison creates an existential problem, and some pregnant prisoners opt to live on smoking wings for privacy, despite known risks, while pregnant staff are moved away from smoking areas, revealing a disregard for the safety of mother and baby in a system designed to guard and watch prisoners.

Invisibility and thoughtlessness

Crawley's concept of institutional thoughtlessness requires further elaboration when applied to the situation of pregnant women and, in turn raises questions about the situation of other minority groups. Just as Crawley (2005) identified how prison regimes 'roll on' without adequately considering the needs and sensibilities of the elderly, here we observe a similar pattern where the prison system fails to acknowledge and address the distinct requirements and vulnerabilities of pregnant prisoners.

The association between the current findings and Crawley's work becomes apparent through the recurring themes of neglect and oversight observed in the experiences of pregnant women in the carceral environment. The women's narratives consistently reveal a lack of consideration for their well-being and the well-being of their unborn babies. Delays and interruptions in accessing vital healthcare and support services are viewed merely as inconveniences, illustrating the disregard for the physical and emotional needs of pregnant prisoners. The inconsistent provision of necessities and the absence of thoughtful support further reinforce the notion of institutional thoughtlessness within the male dominated system. The distressing experiences shared by the women, coupled with their limited visibility and lack of effective advocacy, align with the idea that institutional thoughtlessness is perpetuated when the struggles of marginalised groups remain unnoticed and unaddressed.

The language of the Prison Service Order (PSO) 4800 (2014) is cloaked in benign control – the PSO regarding women, states:

. . . what is seen as special treatment given to pregnant women may be a focus for bullying . . .
(p. 51)

The power of language in prison policy is demonstrated through the use of terms such as ‘special treatment’ versus ‘essential treatment’, with the system’s fear of appearing to privilege pregnant prisoners inadvertently leading to inadequate provision of necessities and treatment, while pregnant women are an unseen minority within the already marginalised group of women in prison, with cultural indifference towards their needs being culturally entrenched.

Conclusion

This article explored how embodied, systemic and relational thoughtlessness towards pregnant women was present in many aspects of their daily lives, highlighting the incongruity of being pregnant in prison. The implications of the intense struggles of pregnant women, especially in relation to nutrition, essential provisions, well-being and access to clean air bring into focus the anomalous situation of the pregnant prisoner. We suggest that the lack of adequate services in prisons exacerbates the rarity of pregnancy in such facilities, beyond what was previously acknowledged. The resonance between the present findings and Crawley’s investigation into institutional thoughtlessness becomes evident through the recurring themes of neglect and oversight, reflecting the disaggregated pains of imprisonment observed in the experiences of pregnant women within the carceral environment. These women’s narratives consistently unveil a dearth of consideration for their physical and emotional well-being, together with that of their unborn babies.

This article gains significance in the wake of the recent deaths of two newborn babies in English prisons. Especially unambiguous in the findings of investigations into these deaths are the deficiencies in delivering appropriate maternity care and prompt emergency responses (Prisons and Probation Ombudsman, 2021; Travers, 2023). Pregnancy has been omitted in much previous research, yet the tragedies that occur and the consequences of the lack of thought within the institution indicate that this is a vital area in prison research. The pregnant population is not a monolithic group, but the impact of imprisonment intensifies for all as pregnancy progresses. A principal conclusion is that the English prison has a hidden and minority population of pregnant women confined within. The gaps in receipt of basic care and entitlements in an institution so steeped in rules and regulations were remarkable, though, considering the small numbers of pregnant women within the general prison population, it was understandable how their presence could have been overlooked. Why the system fails to contemplate the needs of the pregnant woman may have multifaceted reasons: the numbers of pregnant women are small, and the regime runs on command and to stringent timetables.

Gelsthorpe and others have argued that staff attitudes towards pregnant women in prison may be influenced by stereotypes and assumptions, leading to greater scrutiny and restrictions on their movement and healthcare access, potentially harming their health and well-being, a problem exacerbated by the lack of attention given to pregnancy in previous work on women’s imprisonment. The categorisation of pregnant

prisoners as either deserving or non-deserving of special treatment, as observed by Abbott et al. (2020), may intensify court bias towards perceived appropriate femininity, which is crucial to consider given the unique challenges pregnancy poses within the masculine prison system. In summary, research on the unique experience of pregnant women in prison highlights the need for a more considerate approach by the prison institution towards prisoners with specialist requirements, as treating prisoners as a standardised group exacerbates the suffering of subgroups beyond Sykes' original general deprivations; alternatives to imprisonment should be explored, and delaying sentencing or housing women in community and rehabilitation centres should be considered when safety is compromised for pregnant women, following best practices globally. Prioritising the health and well-being of pregnant women over punitive measures sends a powerful message of human dignity and compassion at the heart of justice.

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Notes

1. Lock-down is the confining of prisoners to their cells, typically to regain control.
2. Such 'toxic stress' commonly articulated by women is known to adversely affect the unborn baby (Glover et al., 2010).
3. Additional food provided to pregnant women.
4. Tobacco smoking inside English prisons has been banned since April 2018 (Ministry of Justice, 2020). When this research was undertaken in 2015–2016, smoking was still permitted inside the cells of English prisons.

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