EDITORIAL: Unite for Global Perinatal Care for Incarcerated Mothers

Around the world, 740,000 women and girls were prisoners within penal systems in 2022, which has increased by almost 60% since 2000 (Fair & Walmsley, 2023). Countries with the highest number of incarcerated women per 100,000 of the national population are: USA (64), Thailand (47), El Salvador (42), Turkmenistan (38), Brunei Darussalam (36), Macau China (32), Belarus (30), Uruguay (29), Rwanda (28) and Russia (27)(Fair & Walmsley, 2023). Another way to demonstrate these large numbers for example is:

- USA had around 83,000 (December 2021) (Carson, 2022),
- Australia had around 3,002 (December 2022) (Statistics, 2022)
- UK had around 3,259 (November 2023) (Clark, 2023)

As the predominant age of these women is within reproductive age, a significant number of women are pregnant upon admission to prison and give birth whilst still in custody. Yet pregnant women and new mothers in prison often remain invisible, their voices unheard and their unique needs overlooked. Brewer-Smyth (2022) notes being incarcerated has negative physical and psychological impact across mother and child. When combined with 'prison climate' whereby prison healthcare staff look through the lens of prison culture (Ross, 2013), has the potential to negatively influence maternity care provision offered to incarcerated pregnant women.

The White Ribbon Alliance global campaign Respectful Maternity Care (RMC) approach grounded within human rights supports women's autonomy, dignity, choices, references (Alliance, 2011). As midwives, irrespective of geographical location around world, honouring the childbearing woman within a framework of respectful, non-authoritarian, reciprocal justice and equity is the ethics of our midwifery philosophy (Midwives, 2014). Yet the moral judgements needed to determine if a female pregnant prisoner misbehaves or does not comply with the prison rules and enact a punishment conflicts with our midwifery philosophy (Abbott

et al., 2023) especially when it is possible the punishment given not only affects the mother-to-be or even the fetus/baby but may also inadvertently impact upon her ability to parent. Thus, the challenges incarcerated pregnant women face are multifaceted, extending beyond the bars and into the core of their identities as mothers and their ability to mother.

In recent times, there have been several cases of babies being born in prisons and subsequently dying. An example of this is the recent inquiry in the UK of the death of baby Aisha. In 2019 Rianna Cleary, (18 years old) was alone in her cell in HMP Bronzefield. Despite calling twice using the prison emergency intercom system in her cell and there being a 24-hour nursing station on her wing in the prison, Rianna gave birth to her baby alone. Rianna bit through Aisha's umbilical cord. When the prison staff arrived later, the baby was "still warm but not moving' – resuscitation was unsuccessful (Travis, 2023). The inquest noted '*The Prison did not have in place a pathway for the care of a pregnant prisoner … and no-one within the Prison was identified as having clinical responsibility for Ms Cleary in relation to her pregnancy* (p55) *….and failed to respond to Aisha's mother's request for medical assistance made to a prison officer via her cell intercom*…" (p62).

This is not unique case, rather around the world where pregnant women are incarcerated and provision of appropriate maternity care is lacking, such instances have and will continue to happen. What this UK case does raise, however, is an ethical dilemma based in human rights: **Should pregnant women and new mothers be incarcerated, when quality maternity care may not be guaranteed**? The investigations into the two tragic deaths in the UK have led to the prison ombudsman to declare all pregnancies in prison as 'high risk' due to the fact the women are in prison.

It is not our intention to negate society needs to uphold laws to ensure the public's safety, prevent disorder and risk anarchy and not protect the rights and freedoms of individuals. It not our intention to say pregnant women who commit crimes against society should not be

punished. However, we do know pregnant women in prison are disproportionately disadvantaged, have often been victims of abuse themselves and overwhelmingly their crimes are one's of survival and poverty (Baldwin and Epstein, 2017; Baldwin et al. 2020). We also acknowledge entering the judicial system, provides opportunity for respectful quality maternity care and education for vulnerable mothers. In other words, for some women, entering the prison system may be the first opportunity they have had to access health services (Shlafler et al. 2021). Further pregnancy, birth, and transition to motherhood can be transformative potentially reducing recidivism and delinquency.

What we are saying is, the types of crime committed occur across a spectrum of criminality and severity are married with appropriate options for incarceration, punishment and/or rehabilitation. If health care for pregnant and the maternal/infant dyad is absent through lack of specific childbirth education for penial health care workers and lack of respectful, caring maternity care, then the cycle of trauma, multigenerational crime, and cases like those seen in the UK will continue around the globe.

Moves have been made to address maternity care, for example the Birth Charters for pregnant women in prison, initiated firstly in the UK (Kennedy A et al., 2016) and subsequently in Australia (Baldwin et al., 2020) sparked the relationship, transcending borders and ideologies, uniting countries, and creating a universal philosophy of care. This ground-breaking collaboration, in partnership with the charity Birth Companions, midwifery professionals, and the third sector, forms a community of like-minded individuals who share a common ethos of care for the most vulnerable. The Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) position statement supports the '*prohibiting shackling throughout pregnancy and for eight weeks after birth in the absence of an imminent risk of flight, harm to self, or harm to others'* (Association of Women's Health, 2018, p. p194). There is also The Pregnancy in Prison Partnership - International (PiPPI) group was born out of this shared vision

for improving the well-being of incarcerated pregnant women through international collaboration. This alliance unites leading academics from Australian Universities: University of the Sunshine Coast, Central Queensland University, Australian Catholic University, and Flinders University, the University of Hertfordshire and University of Suffolk in the UK, the University of Minnesota in the USA, Otemae University, Japan and Massey University in New Zealand. Together, they work on research focused on the health and well-being of pregnant women and new mothers in prison around the world.

Key words: incarcerated, pregnant women, midwifery, perinatal care, prison.

References

Abbott, L., Scott, T. and Thomas, H., 2023. Experiences of midwifery care in English prisons. *Birth*, *50*(1), pp.244-251.

Alliance, W. R. (2011). *Respectful Maternity Care: The Universal Rights of Childbearing Women.*

Association of Women's Health, O., and Neonatal Nurses (AWHONN),. (2018). Nursing Care of Incarcerated Women During Pregnancy and the Postpartum Period: Position Statement. *Journal of Obstetric, Gynaecology & Neonatal Nursing* *47*(2), 192-. https://www.nwhjournal.org/article/S1751-4851(18)30069-2/pdf

Birth Charter for women in prisons in Australia, (2020).

Brewer-Smyth, K. (2022). Absence of a Healthy Parent: Mental and Physical Illness, Substance Misuse, and Trauma in the Life of Parents, Caregivers, and Significant Others. In K. Brewer-Smyth (Ed.), *Adverse Childhood Experiences: The Neuroscience of Trauma, Resilience and Healing throughout the Life Course* (pp. 131-154). Springer International Publishing. https://doi.org/https://doi.org/10.1007/978-3-031-08801-8_5

Carson, A. (2022). *Prisoners in 2021 – Statistical Tables* (NCJ305125). B. o. J. Statistics. https://bjs.ojp.gov/library/publications/prisoners-2021-statistical-tables

Clark, D. (2023). *Number of prisoners in England and Wales 1900-2023, by gender* https://www.statista.com/statistics/283475/england-and-wales-prison-population-by-gender/

Fair, H., & Walmsley, R. (2023). *World Female Imprisonment List: Women and girls in penal institutions, including pre-trial detainees/remand prisoners*. https://www.prisonstudies.org/sites/default/files/resources/downloads/world_female_imprisonment_list_5th_edition.pdf

Kennedy A, Marshall D, Parkinson D, N, D., & L, A. (2016). *Birth Charter for Women in Prisons in England and Wales*.

Midwives, I. C. o. (2014). *Philosophy and Model of Midwifery Care* International Confederation of Midwives. Retrieved 23 November 23 from https://www.internationalmidwives.org/assets/files/definitions-files/2018/06/eng-philosophy-and-model-of-midwifery-care.pdf

Ross, M. W. (2013). *Health and Health Promotion in Prisons*. Routledge.

Statistics, A. B. o. (2022). *Corrective Services, Australia* https://www.abs.gov.au/statistics/people/crime-and-justice/corrective-services-australia/latest-release.

Inquest Touching the Death of Aisha Cleary (2023).