# Pregnancy and new motherhood in prison during the COVID-19 pandemic

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## Abstract

Before the COVID-19 pandemic, research demonstrated that prison was unhealthy and unsafe for pregnant women (Abbott, 2018; Davies et al. 2020). Experiences of being locked inside a prison cell made physiological symptoms of pregnancy harder to manage and generated feelings of anxiety and discomfort. While extensive research into pregnant women's experiences during COVID-19 is yet to materialise, existing evidence provides knowledge that can be applied to the pandemic. Also building on this, findings presented in this chapter from a pilot study which took place during COVID-19 pandemic shed light on the challenges. Audio-recorded qualitative in-depth interviews were conducted virtually with women who provide, or who have provided, pregnancy and birth support in English prisons. This chapter discusses the key findings, including; mental health versus physical risk of COVID-19; virtual support; virtual decision making; and being released from prison into a global pandemic. Emanating from a perspective that being locked in was already a cause of great stress, this chapter reflects upon the imprisonment of pregnant women in a pandemic. Points for reflection include future preparedness for similar pandemic situations, the impact on women and the need for further research, and an evaluation of the situation women faced.

**Key Words:** Pregnancy, Prison, Mothers, Pandemic, Birth Supporters

## Introduction

The current prison population of women in England is approximately 3,600 (Ministry of Justice (MoJ), 2021a). Women in prison are reported to have many complex issues which include enduring childhood trauma, disadvantage, homelessness, domestic violence and resultant misuse of illegal substances (Corston, 2007; Baldwin, 2015). Approximately 66 percent of women in prison are mothers (Beresford et al., 2020; Baldwin, 2021). It is estimated that there are approximately 600 pregnancies and 100 births per year (Kennedy et al., 2016; Abbott, 2018). Of the 12 women's prisons in the England and Wales six have Mother and Baby Units (MBU), with 64 MBU places available nationally (MoJ, 2021b). It is understood that around 50 percent of babies

will remain with their mothers and 50 percent will be placed outside of prison with family or foster carers (Kennedy et al., 2016). The process of applying for a MBU place usually involves a range of multi-agency assessments, culminating in an MBU 'board' where a mother attends to give evidence of why she should be guaranteed a place with her baby.

There has been policy interest in women in prison and specifically pregnant women and mothers recently, including a new position paper published by The Royal College of Midwives (RCM, 2019) which outlines best practice for working with expectant women in prison. Following this, the MoJ (2020) published a 'Review of Operational Policy on pregnancy, mother and baby units and maternal separation' where additional and specific guidance around pregnancy, birth, separation and staff training was issued. Tragic deaths of two babies born to imprisoned mothers also led to an investigation being launched. Findings from the first investigation found considerable concerns about the care and management of the baby's mother with a significant number of recommendations to improve maternity services (Prisons and Probation Ombudsman, 2021). It is likely further guidance will be provided, particularly in relation to the care of pregnant mothers who are not yet placed within an MBU space. Nevertheless, and despite this increased policy attention, there remain concerns about the welfare and support for this population, especially during the COVID-19 pandemic.

The chapter opens with some background into the experiences of women in English prisons, providing some research evidence in relation to pregnancy in the prison population. Descriptions of the author's research into pregnancy in prison and the pilot project into birth supporters experience with separated women are explained. Findings in relation to pregnant women's experiences of the COVID-19 pandemic in prison are illustrated through excerpts of birth supporters' accounts. The chapter concludes that prison was already a challenging environment for pregnant women to navigate before COVID, but which have been brought to the fore by the pandemic.

**Pregnancy in prison pre-pandemic**

Despite the aforementioned estimates, it is unclear exactly how many pregnant women and new mothers are in prison in England and Wales as this is not routinely recorded (Albertson et al., 2014; Prison Reform Trust, 2020). One of the earliest large-

scale studies surveying the demography of pregnant women and new mothers in UK prisons was commissioned by the Home Office over 20 years ago (Caddle and Crisp, 1997). This two-stage study was considered valuable in that it was one of the earliest to profile, on a larger scale, the demographics of female prisoners. Whilst not necessarily being able to provide 'cause and effect', surveys offer a snapshot of a moment in time (McKenna et al., 2010). Caddle and Crisp's (1997) study, although not specifically focused upon pregnancy in prison, found that 61 percent of the 1,766 women surveyed were either pregnant or the mother of a child under the age of 18.

Another notable opportunity to learn more about the demography and experiences of female prisoners occurred when Baroness Jean Corston undertook a review of the UK female prison estate over a period of nine months following six suicides by women in one English prison (Corston, 2007). Analysis of the findings demonstrated that most women in prison were disadvantaged either through poverty, mental illness, historic abuse, addiction, or ill health. It was reported that the majority of women had children, and several were pregnant. The Corston Report made 43 recommendations, taking a 'radical new approach' to improve the criminal justice system (CJS) for women. This proposal suggested a holistic stance towards imprisoned women and the opening of more community centres to use as an alternative to prison sentences (see Ahearne chapter for a critical discussion about women's centres). Efforts were made to reduce the female prison population following Corston's Report, and prisoner numbers did reduce between 2007 and 2015 (MoJ, 2015). However, by 2017 only two of the 43 recommendations had been implemented, with the majority either not executed at all, or only partially applied (Moore et al., 2017).

Of further concern, between the years 2015-2016, suicide rates in prison were reportedly the highest they had been since records began in 1978 (Baybutt and Chemlal, 2016,). In 2016, 12 women committed suicide in prison, significantly more than when Corston first commissioned her report into prison conditions (Doward, 2016; Prison Reform Trust, 2019). Interest was shown in the welfare of new mothers and babies in prison by the then UK Conservative government in 2016 (Brown, 2016); one prison reported the suicide of a perinatal woman, five days after the birth and subsequent removal of her third child (Parveen, 2016). Furthermore, the independent investigation into this suicide found that miscommunication and the lack of multi-

disciplinary planning may have contributed to her distress (Newcomen, 2016). Likewise, inconsistency in maternity care provision in the UK was exposed by O'Keefe and Dixon (2015), while Sikand's (2017) research exposed the difficulties of gaining a place on a MBU and, if a place is denied by the 'board', the complexities of the appeal process. Baldwin and Epstein (2017) found that mothers in their study attributed the loss of their babies through miscarriage, in part, to the stress of being pregnant in prison. In the Baldwin and Epstein study two miscarriages occurred to mothers during their imprisonment, one occurring in the mothers cell overnight and the second occurring in the ambulance en route to hospital – this mother reported being in handcuffs throughout her miscarriage experience. Yet, this experience contrasts with guidance on the management of pregnant women which states that pregnant women should receive suitable rest and nutrition, handcuffs should not to be used, and they should not travel in cellular vans (Prison Service Order 4800, 2014; Abbott et al., 2020). Given these exceptionally concerning findings, our attention now turns to the expanding academic interest in the experiences of pregnancy in prison in the UK (Davies et al., 2020), including my doctoral study (Abbott, 2018).

My doctoral ethnographic research aimed to uncover the experiences of pregnancy in prison in 2015 / 2016. Following a favourable ethical review, interviews with 28 women, 10 members of staff and 10 months of field work in three English prisons took place. Capturing the atmosphere through description and reflection gave context to the women's experiences as well as presenting the routine minutiae of prison life. The experience of pregnancy was detailed through accounts of women's entry into prison, the environmental impact, their expectations and access to necessities, the deprivations on their health, and how they employed strategies to cope. The reality of health care in prison, depictions of indignity, the experience of giving birth in a prison cell and staff/prisoner relationships, were all described. The main finding was that pregnancy is an incongruity within the prison system, which is chiefly designed for men, with little thought for pregnant women (Abbott, 2018).

In a later piece of writing with colleagues (Abbott et al., 2020) I developed the concept of 'institutional ignominy' whereby women experience shaming as a result of institutional practices. This study also discovered new information about how the women circumnavigate the system to negotiate entitlements. A new typology of prison

officer appeared from this study: a member of prison staff who accompanies labouring women to hospital where the role of bed watch officer can become that of a birth supporter. The distressing experience of cell births was a findings from both my studies and evidence was subsequently reported to the Joint Human Rights Committee (JHRC) in 2019 during their inquiry into mothers and children affected by imprisonment. Further recommendations from the evidence include: the need for wider dissemination of The Birth Charter (Kennedy et al., 2016) which offers appropriate and evidence-based guidance, and a unified alliance between the Prison Service, NHS Trusts and charities to facilitate the support of pregnant women.

Before COVID, research demonstrated that prison was already an unhealthy and unsafe for pregnancies (Abbott, 2018; Davies et al. 2020). The experience of being locked in prison cells is representative of the prison experience, and my research (Abbott, 2018) showed that this caused a claustrophobic sensation for some pregnant women. With pregnancy as a standpoint, being locked in prison cells generated feelings of anxiety and discomfort. For instance, several participants were locked behind the cell door all day, especially in their latter stages, due to being unable to work. The feelings of isolation led to claustrophobia and concerns about being locked in alone, during labour. In Abbott's study (2018, p.70) one mother said:

> "I get panic attacks, and I start getting them when I'm closed in […] If I'm in a slow labour I'm going to be locked behind my door, that's my only worry" (Tamsin).

Being locked in also made the physiological symptoms of pregnancy, such as morning sickness, harder to manage. Another mother reported:

> "I needed to be sick, and every time I have to beg to have my door open, so I can go to the toilet" (Abi).

Being behind a cell door when pregnant has also led to the worst of outcomes. A baby died in prison in June 2020 – the mother was serving a relatively short sentence and neither she nor the prison knew she was pregnant. However, it is reported that the woman was not referred for medical attention despite repeated calls because of the

pain she was experiencing (Taylor, 2020). Given these experiences, pregnancy, even if unknown, should remain a consideration for women of childbearing age, until it is possible to rule this out. This is especially important given the vulnerabilities women bring with them to prison, such as substance misuse. It is because of these circumstances that in the conclusion of my doctorate, I argued that: 'Women should not be giving birth in prison cells and if, on a rare occasion, an unexpected birth occurs, the minimum she should expect is to have an appropriately-trained professional to support her and her baby' (Abbott, 2018, p.181).

However, there remain inconsistencies across prisons in England (Abbott, 2018). This has been despite the importance of antenatal preparation to learn about labour, birth and the options for women, having been a recommendation from research with demonstrable excellent outcomes both inside and outside of the prison environment (Baldwin et al., 2018; Barimani et al., 2018). Caddle and Crisp's (1997) study found that from the sixty-three women interviewed who were pregnant, the majority had not attended antenatal preparation classes. Provision of antenatal classes in prison remains ad hoc and are usually led by charities, such as Birth Companions[1] who are currently supporting women in three UK prisons. Women who had access to such classes reported feeling more content with the quality of care provision (Kennedy et al., 2016). Following the wider sector supporting women involved in the CJS, trauma informed approaches (TIA[2]) have been implemented by practitioners who work with pregnant women in prison (Delap, 2021). For instance, Birth Companions apply a TIA to the antenatal groups they lead in prison, with the director of the charity (Delap, 2021, p.74) explaining how they work:

> 'to identify women's experiences of trauma and offer targeted support where appropriate to address the issues that have been disclosed'.

Despite some positive changes concerning pregnancy and prison following the aforementioned increased academic and policy attention, the situation during COVID-19 pandemic (hereafter called COVID) brought about new challenges. Research into

[1] For more information about Birth Companions see - https://www.birthcompanions.org.uk/
[2] See Goddard (2021) in reference list for more information about TIA..

pregnant women's experiences during the pandemic is yet to materialise but, coming from a perspective that being locked in was already a cause of great stress, it is important to reflect upon the specific adversities experienced by imprisoned pregnant women during this time. Not only can this enable lessons to be learnt for future pandemic, but it furthers the much-needed conversations and considerations about impact of imprisonment for pregnant women.

**Prison health care during COVID and its impact on pregnant women**

Before reviewing prison healthcare during COVID, it is important to explain how, in the UK, there is statutory recognition that all prisoners should receive an equivalence of health care to that provided in the community (Council of Europe, 2006). Health care for prisoners is provided through the National Health Service (NHS). Economically, responsibility for health funding lies with the Department of Health (DH) and the Strategic Health Authorities (SHAs). More recently, private health care providers such as Care UK ™ have been contracted as providers of prison health care for 21 prisons in England and Wales (Plimmer, 2016). Furthermore, the United Nations (UN) Bangkok Rules (2013) state that women in prison should be given gender-specific care (UN, 2013). Article 3 of the Human Rights Act (UN General Assembly, 1948) has a strong legal basis in the UK, and every woman has the right to make decisions about her body during pregnancy and to receive respectful treatment (Schiller, 2016; O'Malley, Baldwin and Abbott 2021). Davies et al. (2020) reported on prison healthcare prior to the pandemic and found that 22 percent of midwifery appointments were missed compared to 14 percent in the general population, and that as many as 10 percent of women ended up giving birth in their cells. This indicates some significant issues in the provision of health care services to pregnant women even before COVID. However, while health care in UK prisons was maintained during COVID (NHS England, 2021) a number of restrictions and changes, including staffing levels, the lack of testing and vaccination, all impacted on the way care was delivered (HM Inspectorate of Prisons, 2021).

NHS England (2021) maintained prison health care during the pandemic, adapting to a more virtual way of working in order to ensure continuity of care. HM Inspectorate of Prisons (2021) reported that adaptations included minimising face to face meetings in favour for virtual ones and limiting movement around prisons. The report goes on to

explain that the outcomes of these changes was often that prisoners reported a lack of communication in relation to healthcare requirements, increased waiting times, and delays in getting medication. This was a cause of distress for some prisoners and likely formed even more barriers to medical support for pregnant women during the pandemic. At the start of COVID, pregnant women were asked to shield (Kmietowicz, 2020). In prison this translated to women being let out of cells at separate times from the main population, and spending the majority of a 24-hour period locked in their cells. Women housed on the MBUs with their babies could be in a support bubble. In the earlier stages of the vaccine roll-out pregnant women were not eligible so had to continue to shield away from the main prison population. This may have led to further feelings of isolation and fear, or could have been a comfort for some. Moreover, in line with wider changes to health care delivery, support from charities such as Birth Companions was also adapted to be provided via e-mail or telephone. Tragically, during COVID, two babies were stillborn with investigations continuing (Taylor, 2020).

Importantly the enforced isolation pregnant and new mothers in prison experienced will also undoubtedly have had an impact on babies living within the MBU space. Many did not get to meet their fathers or other relatives outside due to the restrictions and cessation of visits at this time (Children Heard and Seen, 2021). This caused difficulty for pre-verbal young children and babies due to prolonged separation from their parent with no understanding of what was happening (Minson, 2021). Research into the needs and experiences of pregnant women and new mothers in contact with the CJS by Clinks and Birth Companions (2021) reported on the impact of the pandemic. They found that appropriate and timely access to support was lacking through, ‘digital exclusion’ exacerbating the stigma experienced by women. Although purple visits (virtual visits via video link) in some establishments commenced, the report suggested that this did not appear to consider small infants and/or babies, and exacerbated anxieties of mothers separated from their children. The importance of multi-agency and partnership working was a main recommendation of this report following feedback from women that when this worked well, their experience was much improved and more consistent, placing the woman as central to care and support provided.

However, these poor and punitive prison experiences might have been avoided for pregnant women. At the start of the pandemic there were calls for MBU mothers and

pregnant women to be released from prison due to safety concerns. Dr Shona Minson and I released a short film (Minson and Abbott, 2020) about the impact upon sentencing pregnant women to prison. Campaigning and calling upon the government with powerful allies in parliament and media we worked hard with our charity partners to ensure the early release of pregnant women. Sadly there were very few releases due to the caveats of who could and who could not be released in terms of their offence, alongside post-release accommodation challenges. Only 253 prisoners were released under COVID-19 temporary release schemes, 21 of those releases were of pregnant women (Beard, 2020). Given the high numbers ineligible for release, qualitative research women in prison during COVID, including expectant mothers, is therefore a priority for future enquiries. Indeed, there has never been a more important time to examine pregnancy in prisons through a COVID lens and the research presented in this chapter intends to shed some light on these experiences.

## Methods

This chapter is based on post-doctoral research which was undertaken as a pilot study in preparation for a larger-scale qualitative research project exploring the experiences of pregnant women and new mothers being mandatorily separated from their babies while in prison. The pilot study objectives were to uncover themes and elucidate the experiences of those who support women being separated from their newborn babies to add to the secondary analysis of women's experiences of separation whilst in prison. Favourable ethical opinion was granted by The University of Hertfordshire.[3] The audio-recorded qualitative in-depth interviews were undertaken virtually with 12 women who provide or who have provided pregnancy and birth support in to women in prison who were being separated from their babies UK prisons. The sample included volunteers and practitioners who support pregnant women in the CJS. The decision to collect data virtually was guided by COVID, but it also provided an opportunity to ask about COVID conditions for women and revealed some important preliminary findings. Thematic analysis was used to analyse the data and three themes are presented and discussed below.

## Findings

[3] 30/07/2021, Protocol number: HSK/SF/UH/04236.

This section includes anonymised extracts from interviews with pregnancy and birth supporters from the pilot study. Pseudonyms have been assigned to protect anonymity. Participants reported a number of concerns for pregnant women and new mothers during COVID. Key themes explored in this chapter relate to: 1) Mental health vs physical risk of COVID, 2) Support, virtual decision making, and 3) Being released into the COVID world. Of importance, many of these themes build on my doctoral research findings (Abbott, 2018) showing how issues intensified during COVID; where our knowledge has expanded is highlighted in the discussions that follow.

**Mental health vs physical risk of COVID**

The risks to mental health during the COVID were well evidenced for the prison population (Pfefferbaum and North, 2020). Existing literature suggests that women in prison are already at high risk of poor mental health, often due to enduring multiple trauma (Corston, 2007; Prison Reform Trust, 2019), and that pregnancy and motherhood can also increase vulnerabilities to mental health issues (North et al., 2006; Baldwin 2021). As such, the impact of the pandemic on imprisoned pregnant women and new mothers was an issue that several birth supporters described:

> “the cost to their mental and emotional health, which is often compromised anyway, versus the real risk of COVID, and how would, how harmful that would be. But, again, a lot of these women do have complex medical needs as well for themselves, so they are already considered vulnerable, it's difficult” (Jasmine, Birth Supporter).

Many of the services usually provided for pregnant women and new mothers had been withdrawn suddenly due to the COVID enforced national lockdown. The reduction in support was also noted as a potential issue for exacerbating poor mental health. This was a concern for birth supporters who worried about the women they usually visited on a weekly, face to face basis (Clinks and Birth Companions, 2021). While private, wing-based phone contact was enabled through the prisons facilitating Birth Companion’s support, one supporter described the challenges of continuity of care for pregnant women, providing an example of the impact on one mother she was supporting remotely:

> “I think lack of support, no one coming into the prison, and not being able to access things, she said that she really needed to speak to someone, she said they're just - there's no one in the prison. You can put an app[4] in, but nobody is… This was - actually, this was in full lockdown, so this is back in late spring and summer [in 2020]. So, she was all over the place, upset, angry, frustrated” (Blossom, Birth Supporter).

It is understood that during the COVID women were receiving health care in prison. Baldwin and Epstein (2017), Abbott et al., (2020) and Baldwin and Abbott, (2021) suggest that inequality in health care for pregnant women was already an issue. This leads to a question of whether the standards of healthcare were equivalent to those receiving healthcare in the community. According to the emerging evidence from the pilot study, gaps in healthcare equivalence worsened during the pandemic. Consequently, some birth supporters reported that women had deteriorating episodes of self-harm:

> “I'm sure COVID conditions is contributing to her poor mental health at the moment, so it's very concerning, really. I think she's struggling with self-harm; I think that is one of the factors. I know she is having support from the health care team at (Prison x). But I don't – and this is probably mainly COVID-related - I don't think she is getting any kind of specialist therapeutic support to help her with the separation” (Rose, Birth Supporter).

Several participants my earlier research (Abbott, 2018) conveyed feelings of isolation and claustrophobia when they were locked in their cells towards the latter end of pregnancy reporting panic attacks, fear and exacerbating physical discomforts. Worsening self-harm and exacerbations in poor mental health has been reported across the prison population since the start of the global pandemic and subsequent lockdowns in prison (Hewson et al., 2021). Taken together, this may explain why the birth supporters in this pilot study felt powerless in wanting to be able to do more to support the women in prison. During the COVID pandemic pregnant women were

[4] The word ‘app’ means - general application. An app is a form available for prisoners to make general requests to the prison (e.g. a doctor’s appointment).

shielding, meaning they would spend most of their time behind their door, in their cells. One Birth Supporter described what she had heard was happening inside prison:

> "They are locked up for twenty-three and a half hours a day…I heard of some places that have got an hour and 15 for everything…I've heard this from peer supporters[5], who have been in prison throughout COVID, and then peer supporters who have been released in COVID, that it was half an hour to shower and make any phone calls, and to do any exercise" (Lily, Birth Supporter).

Resonant with my doctoral research (Abbott, 2018), it was found that where women reported being locked in for many hours at a time exacerbated the physiological symptoms of pregnancy, such as morning sickness. Anxiety was an issue for women, especially at night-time when there was a fear of being locked in as labour started. The importance of understanding the psychological and physical impact for pregnant women of lengthy times locked behind a cell door cannot be underestimated.

**Virtual support and decision making**

There are usually many third sector organisations who offer face to face support for women in prison. Birth Companions and The Born inside project[6] are two organisations who were unable to provide the face to face weekly support to incarcerated pregnant women and new mothers. This included pregnancy groups where women get together and learn about labour and birth. It was clear from my doctoral research (Abbott, 2018) that often women, especially those in their first pregnancy, had no accurate information about key aspects of the process. For instance, this may include what happens at the onset of labour, birthing options and choices. The groups that provided these services pre COVID were invaluable to the women as they learnt of birth options such as pain relief, infant feeding, mobility in labour, and an opportunity to meet with other pregnant women. The importance of pregnancy groups in prison have been described by women receiving support from

[5] Peer supporters provide emotional and social support to others who share a lived experience. In this case – women in prison who have experienced pregnancy, supporting pregnant women in prison.

[6] For more information about The Born inside project, see - https://www.mariamontessori.org/outreach/born-inside/

the charity Birth Companions, with evaluations of the services reporting how positive reviews consist of with statements such as: "*feeling like a normal pregnant woman"* (Kennedy et al., 2016, p.25). Another key purpose of the pregnancy groups which was lost during the pandemic was the opportunity for women to demonstrate to social services their motivation to care for their baby. Therefore, this may have led to more post-birth mother-child separations, as one supporter explained:

> "Services weren't running, like the groups and things, nothing was running, so how were women supposed demonstrate that they've done… They would ask for information, oh, can you send me a course I can do in the cell? You're pregnant, you're carrying, you know the likelihood of you being separated is very high, but you feel powerless to do anything within your control, because nothing is within your control at that particular point" (Leilani, Birth Supporter).

The decisions around whether women could remain with their baby were undertaken virtually through MBU prison board panels during COVID. Birth supporters described how women felt penalised as they had been unable to demonstrate that they had the parenting skills to keep their baby:

> "I think COVID just brings home any additional challenges, I think around the information and being able to engage positively with the child protection process, like a lot of women that we've been engaging with pre-proceedings. And trying to do that in the prison was impossible, in a community it was hard enough, but at least in the community, social workers could have Skype, zoom equivalent kind of conversations with women, and do assessments or similar over that kind of medium. In the prison, there was no opportunity to do that and women felt really aggrieved by that, and justifiably, because they were like, well, I'm being denied the opportunity to participate in a process which is actually life-changing for me and my baby. But they can't arrange a video call, they can't arrange - it felt like a lot more weight was placed on old history, because they hadn't been able to evidence, satisfactorily, that degree of change, that kind of what they're looking for" (Cassia, Birth Supporter).

It has been documented that there have been delays to court processes because of COVID (Bannon and Keith, 2021; Song and Legg, 2021). Furthermore, this has meant that women may have spent longer remanded in prison waiting for a trial or for release (HM Courts and Tribunals, 2020; Booth and Masson, 2021). Some participants reflected on this and the impact it may have had on the women and prison service in general:

> “During this last year, I think the courts have probably worked very slowly. And I think there possibly has been an effort not to convict too many, because of the special circumstances” (Rose, Birth Supporter).

Birth supporters would not usually submit evidence to the board and/or be with the women during this process. However, much of the understanding about the decision-making process has come from supporting women. The lack of provision of face to face support during COVID indicates reduced knowledge about the transparency and the fairness of these decision-making processes, from the woman and birth supporter’s perspective.

In an application process that was already problematic (Sikand, 2015), the added difficulties in making important decisions about whether a baby can reside with his/her mother on an MBU via a virtual format in prison has not yet been explored. It was also noted by one birth supporter how the complexities of the service working in a joined-up way may have been undermined because of COVID:

> “And often, again, if you think of like the lack of continuity in so many of our services, it is this kind of snapshot of this woman has done X, Y and Z. And it's very much a kind of an on-paper report, and I guess during COVID that's been exacerbated, because people this kind of snapshot image of how well women have been doing, because they can't see them face-to-face. Yeah, it's complicated. I know that women are sitting boards, but because we've not been in the prison, I suspect other members of staff might have a fuller picture of how those boards are happening. But I don't know, personally, how the boards are happening right now” (Alyssa, Birth Supporter).

Participants were concerned about the lack of consistency and transparency in the processes of evaluating women and their suitability for a place on an MBU via virtual formats:

> “It felt like authorities had been quite reactionary, and quite quick to make decisions based on the papers perhaps, rather than having a… Like getting to know a woman, like actually having more than one phone call with her to get a sense of who she is, and what she's about. Which I don't know how - if we're not to actively be able to participate in a process, feels really cruel and unfair, because it's not… That doesn't feel just to me, particularly when the stakes are so high that they can't, they were unable to fully engage, or the decisions were made before women were given the opportunity to demonstrate that” (Cassia, Birth Supporter).

There were clearly anxieties about the processes on behalf of the women who were being supported. The sense of frustration in a system which was complex prior to COVID (Sikand, 2015; O’Keefe and Dixon, 2015), was exacerbated because of the pandemic locking down most of the face to face arrangements. One participant described the situation of a woman recently mandatorily separated from her baby:

> “…She felt that she'd been further penalised by the situation of lockdown and that she hasn't had the support that she'd been promised, a parenting assessment in the community …because of the situation that hadn't happened. She didn't feel really satisfied with their justification, and why that hadn't happened” (Jasmine, Birth Supporter).

There was some resignation that the situation was unavoidable, due to public concerns and managing the risks of COVID spread, owing to public health concerns. However, the recognition of the impact upon a woman’s psychological well-being when separated from her child(ren) was a concern:

> “Things may have fallen back in terms of the way things are having to work at the moment, through no fault of anyone's, other than the situation. But

> it’s even more important, that the women are getting the support they need psychologically and that that's provided within the prison setting, even if they can't go out and visit babies, or see family, or get that other kind of contact…I don't know how the prisons are dealing with all of that” (Lily, Birth Supporter).

The findings from my past research (Abbott, 2018) demonstrated that prison staff opinions centred on missed opportunities for women to change and become a good parent, suggesting that women should be given the opportunity to parent their babies when often, the baby would be removed. The suggestion above from Lily that progress made more recently with guidance from The Birth Charter (2016), for example, is being undermined appears concerning, especially when conditions were already challenging for pregnant women.

Women who had been granted a place on an MBU during the pandemic were enabled to form a support bubble. According to Birth supporters, there were very few women housed in the MBUs, making up a small support bubble:

> “I think they're quite close, and they're supporting each other; and they're not being locked up, because they're in a bubble. So, I think that's been quite good for them, in terms of the rest of the prison” (Cassia, Birth Supporter).

I have previously demonstrated that boredom was common for pregnant women pre COVID (Abbott, 2018), and some women longed to get back to the main prison as they missed their friends. Although for others being pregnant in the main prison made some women feel vulnerable and unsafe (Abbott, 2018; Baldwin, 2021). The anxieties of being a new mother on an MBU were exacerbated by the milieu with the noises, atmosphere, post-natal emotions and having to cope with a new baby. However, the MBU environment during COVID may have been a safer, more positive place for women and their babies.

**Being released into the global pandemic community**

Pre-COVID women who had been released often focused upon their own inner strength and how they coped (Abbott, 2018). These findings demonstrated the extraordinary use of restraint and resilience in order to survive. The current evidence suggests that challenges facing women being released into the COVID world were exacerbated. Several participants reflected upon the experiences of women being released into the community under COVID-19 restrictions. One birth supporter reflected on the amount of information women needed to be aware of on release:

> "There was so much with COVID to take on board, so we did a lot of work preparing her…with information. [Such as] 'this place is open. This is where you can go for drug and alcohol support. Someone's going to phone you on the second day you're released'…we facilitated all of that kind of support, and a parenting course so that she could try and build her case to have her baby returned to her" (Lily, Birth Supporter).

A Birth supporter described a situation where a woman had lost her place on an MBU and had her baby removed in the process during COVID and was subsequently released from prison. She described the limited support offered and lack of joined up working between services:

> "The support within the prison for her current situation, having lost her MBU place, was minimal, if nothing, and that she hadn't been able to connect with services like drug and alcohol services. She hadn't been able to connect with them. And then what I did was I supported her on her journey when she was then released on home detention curfew, so she did get out during Covid" (Poppy, Birth Supporter).

It was often the birth supporter who helped the woman on release from prison. Clinks and Birth Companions (2021) call for a consistent, multi-agency approach for all women who are in contact with the CJS, with their new 'window of opportunity' research providing evidence of the importance for caring for mother's post release. Baldwin's (2021) research highlights the need for post-release support accounting for motherhood and the maternal role/identity. Yet, there were additional challenges for mothers in preparing their babies to go into an outside world they had not yet seen.

Previous accompanied trips out and weekends out for babies had all been stopped – so for many babies they had only ever seen the handful of staff on the MBU and their mothers. Also, there appears to be a reliance on the charity third sector to provide the support needed. However, charities rely mainly upon raising funds themselves, which leaves organisations vulnerable to closure, unlike public services (Power, 2021). Recommendations include cohesive partnership working across the services so that women are consistently signposted to the support and services they may need.

**Conclusion**

This chapter has highlighted some of the issues for pregnant women in prison and described the situation as the global pandemic took hold in 2020. This was achieved by drawing on the narratives of pregnancy supporters who were, or had been, providing support to incarcerated pregnant women and new mothers in the UK. Even before the particularly challenging time brought about by COVID, the complexity of women's health needs whilst pregnant in prison has been a constant conclusion from research and reviews (Corston,2007; Albertson et al., 2014; Shaw et al.,2015; Baldwin, 2017; Abbott, 2018). A key finding from my doctoral research (Abbott, 2018) demonstrated that breaches of pregnant women's rights were being experienced on multiple levels, while Davies et al. (2020) reported issues with accessing health care in prison while pregnant. Given this context, it is important that research explores how COVID has impacted on pregnant prisoners and their babies.

To begin to bridge this gap, this chapter has drawn upon a pilot study which has included views of what happened to pregnant women during the pandemic. A key conclusion has been that the removal of face to face visits and the support of outside agencies has had an impact upon the psychological wellbeing of women and arguably their babies. This needs to be evaluated further and considered for the future as the repercussions could result in serious long-term harm. Charity support should continue face to face and be part of essential health care especially considering the evidence relating to mental health. It was clear how the move to 'virtual' support was not effective for this particularly vulnerable population. The support from charities like Birth Companions increases the safety and wellbeing for women and their babies and offers a conduit between health care and trauma-informed supportive care that women value intensely. Sadly, opportunities for this to help alleviate struggles and concerns

experienced by expectant and new mothers during COVID were lost both in prison and as women prepared for release. Of course this is not to lay blame with these charities but, on the contrary, to fully appreciate the importance of their work. As such, lessons do need to be learnt from this pandemic, especially in light of the outcomes for pregnant women and new mothers in prison. This includes consideration of how releasing women from a lockdown prison into a lockdown world may look for her and her baby. Finally, while the new empirical findings shared in this chapter begin to shed light on the complexities of the COVID situation for imprisoned pregnant women, further qualitative research with women's experiences at the fore front of future enquiries is necessary.

**Points for reflection**

The following points are for the reader to consider when reflecting on the experiences of incarcerated pregnant women and new mothers.

- How and in what ways might timely support be offered to pregnant women, new mothers and their babies in prisons during a pandemic?
- What special circumstances should be taken into account when life changing decisions are being made (such as, the removal of a baby form their mother)?
- How can virtual and online communications be used more effectively in prisons to support pregnant women and new mothers?
- Consider ways to support the provision of consistent, multi-agency support for women that is trauma-informed.

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