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A Needs Assessment for Recently Incarcerated Birthing People

The number of birthing people who are incarcerated has increased significantly over the years, with about 6-10% of birthing people in the legal system being pregnant at the time they enter correctional facilities. (Kelsey et al., 2017). Young, low-income, birthing people are disproportionately incarcerated, and the majority endorse a history of physical or sexual abuse (Richie, 2001). Consequently, birthing people may enter and exit the legal system with a unique set of concerns that impact their mental health. It is estimated that anywhere from 17-48% of incarcerated birthing people currently have PTSD (Harner et al., 2013). Harner et al. (2013) found that over half of participants experienced assault (sexual and nonsexual) or sexual contact before the age of 18. The authors also reported that participants who endorsed experiencing more severe symptoms of PTSD used mental health services within prison and took medication for depression or anxiety (Harner et al., 2013).

In addition to the mental health needs of incarcerated birthing people, medical care is not usually sufficient, particularly reproductive health care (Mignon, 2016). Prisons and correctional facilities are not required to follow standards set by the American College of Obstetricians and Gynecologists (ACOG), which has resulted in a decline of adequate reproductive healthcare (Kelsey et al., 2017). Correctional facilities continue to use restraints throughout labor, interfering with the ability to detect complications and other medical issues that may arise due to these kinds of restrictions. (Kelsey et al., 2017). Due to the longer duration of prison sentences compared to jail time, prisons tend to have more of a system in place for birthing folks care, however, Kelsey et al. (2017) highlighted the issues that continue to arise, such as using restraints, for folks in prison as well. During the labor and delivery process, Kelsey et al. (2017) found that the jails reviewed for their study allowed almost half of birthing people to apply for furlough, and of those who are not granted furlough, 10% and 19% were allowed to have the baby's second parent

or another family member present, respectively (Kelsey et al., 2017). The restrictions on birthing choices and support may have a negative impact on birthing people in correctional facilities and create unique adverse experiences for them while in the legal system and when they exit.

The impact these issues have may stay with birthing people beyond their time in correctional facilities, which highlights the importance of assessing and creating plans for their needs upon reentry into their communities and homes. Birthing people have additional stressors to manage as they make this transition back into their community due to significant changes physically, mentally, and emotionally, and in their new role as parents. Little attention has been given to the needs of pregnant and birthing people in prison settings as demonstrated by the lack of medical and adequate mental health resources as discussed earlier. This presentation will propose and outline a needs assessment for birthing people and their reintegration into their communities. A reproductive justice and community based participatory framework will be used to examine this issue and think about potential solutions for reducing and treating mental health and other concerns birthing people have. The implications of this research can lead to improved mental health outcomes for birthing people by informing clinicians and healthcare professionals about the support needed and gaps in care to be filled with this specific population. Fully understanding the experience of birthing people in correctional facilities is difficult for those who have not done so themselves, which highlights the importance of having the voices of birthing people, their families, and communities involved in their care.