

# Perinatal Care in Carceral Settings

---

Cody Miller Pyke, MD, JD, LLM, MSBe  
(She/They)

a moment  
of intention



# Disclosures/Disclaimers

- I have no financial interests or conflicts of interest to disclose.
- Any opinions expressed as part of this presentation are mine and not representative of the positions taken by the National Perinatal Association, Baylor College of Medicine, University of Houston, or any other affiliate institutions or organizations.
- Sources for facts and figures used in this presentation are available by emailed request (contact info at end of slides).



# Presentation Agenda

1. General overview of carceral settings
2. Prenatal period (pre-conception through onset of labor)
3. Labor & delivery
4. Postnatal period (postpartum and beyond)
5. Perinatal mental health
6. Closing thoughts and how to help



# Learning Objectives

By the end of this presentation, attendees should be able to...

- Define and describe different carceral settings.
- Recognize and describe perinatal health issues affecting AFAB patients in these settings and their families.
- Discuss opportunities for improving perinatal health quality and equity in the criminal justice system.

# Language Matters

- This presentation sometimes uses the term “assigned-female at birth” (“AFAB”) to describe cisgender women, transgender men, and non-binary people who are often treated as “female” when interacting with the criminal justice system. The term “chestfeeding” will also be used in lieu of “breastfeeding.”
- When gendered terms (e.g., “women”, “maternal”, “breastfeeding”, etc.) are used, it is to faithfully mirror the language used in the studies or statistical reports referenced.
- “Patients” will be used in lieu of focusing on a person or population’s legal status (“inmate”, “defendant”, “parolee”, etc.) where appropriate.
- Always ask people what language makes them feel most comfortable/safe!

# Carceral Settings



A general overview of carceral environments and situations

# What is a “carceral setting”?

- “Of or related to a prison or jail”
- Typically used to refer to patients incarcerated in jails or prisons
- Includes state and federal correctional facilities
- Includes convicted persons and those who are awaiting trial but not offered/could not afford bond.
- Some scholarship expands the definition to include non-incarcerated persons on bond, probation, or parole.



# Why are carceral settings important?

- Patients in carceral settings are especially vulnerable (discussed more on next slide).
- Pursuant to the Eighth and Fourteenth Amendments of the U.S. Constitution, all inmates are entitled to medical care for “serious medical needs” as described in *Estelle v. Gamble* (1976).
- The metrics we discuss are based on *available* information; many state correctional departments refuse to make their policies publicly available.

# General issues affecting incarcerated patients

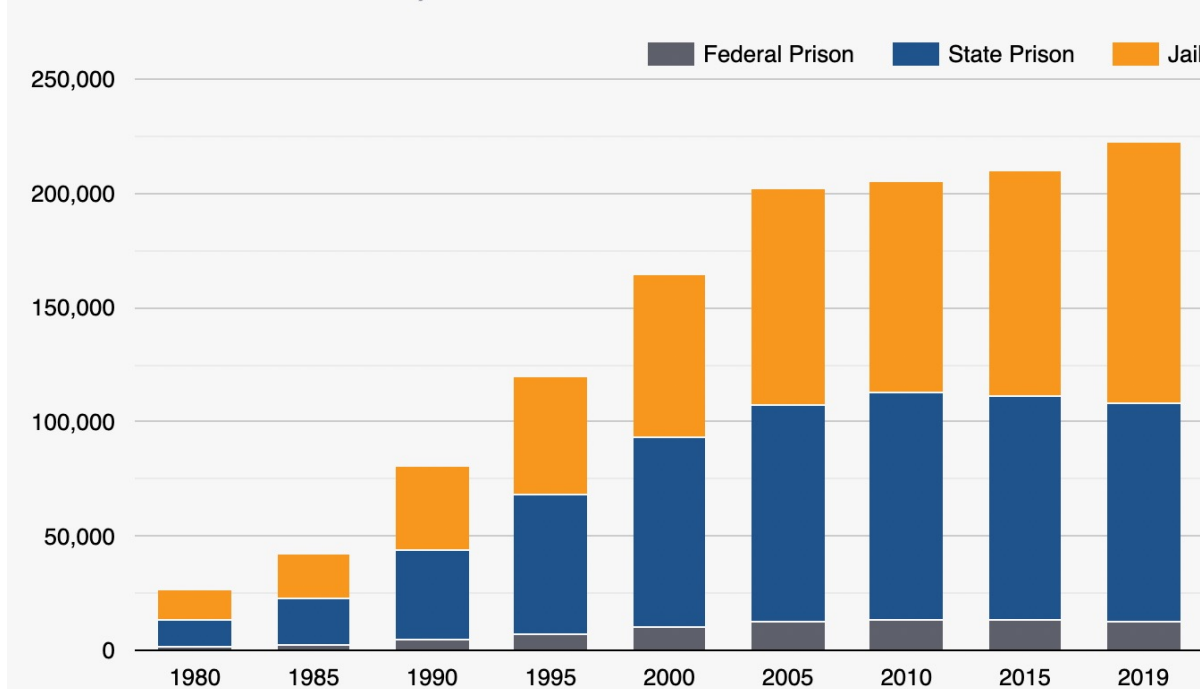
- Complex patients, both physically and mentally
  - Increased incidence of TBI, PTSD, MDD, ADHD, and more.
  - Physiologically about 10 years older than given age
  - Pts have decreased control over diet / exercise regimens
  - Greater risk of obesity/weight gain
- Financially disadvantaged population, further compounded by variable price schema in carceral institutions
- Restrictive formulary for prescriptions
- Continuity of care is made more difficult due to lockdowns or fights

## Statistics on AFAB people in carceral settings

- In 2019, there were 230,000+ women incarcerated in the USA, with more than half held in jails.
- In 2019, roughly 1 Million non-incarcerated women were under the control of the U.S. correctional system (~885,000 on probation; ~115,000 on parole)
- 58%+ of women in prisons and 80%+ of women in jails are mothers.
- Roughly 58,000 pregnant people enter jails and prisons each year (i.e., between 3 - 4% of the incarcerated AFAB population).

# Unsettling trends

Rise in Women's Incarceration, 1980-2019



- In 2019, the imprisonment rate for African American women was over 1.7 times the rate of imprisonment for white women (83 vs. 48 per 100k).
- Latinx women were imprisoned at 1.3 times the rate of white women (63 vs. 48 per 100k).
- Although the rate of imprisonment for African American women has been declining since 2000, the rate of imprisonment for white and Latinx women has increased.

# Prenatal Period

From pre-conception, through pregnancy, and up to L&D

# Contraception & Sterilization

- A 2016 study of 31 correctional facilities found only 20 (65%) had written policies on contraception.
- Policies were widely variable regarding methods of contraception allowed, both for continuation of pre-incarceration contraception and initiation of contraception while incarcerated.
- Only 11 prisons and 5 jails allow access to postpartum tubal ligation.
- Concerns remain about forced sterilizations among AFAB incarcerated persons.

# Pregnancy testing

- One study showed only 38 percent of jails reported performing pregnancy tests on all women entering their facilities.
  - 45 percent described “relying on inmate self-report of pregnancy status” and then performing confirmation testing as needed.
- Another study found even lower rates of testing in juvenile facilities (only 15-17% of facilities tested youth for pregnancy at admission).

## Prenatal care


- The National Women's Law Center completed an analysis of pregnancy policies across U.S. states and provided a letter grade for each state.
  - 21 states received "D"s or "F"s
  - Only 30 states received passing grades
  - The majority of states lacked appropriate policies for prenatal care
  - Part of grading was affected by state "shackling" policies
  - Shackling in pregnancy, labor, and delivery has been discouraged by ACOG since 2011.



## Prenatal care (continued)

- Pregnancies of incarcerated persons are also at increased risk for miscarriage compared to general population (some estimate as many as 20% of carceral pregnancies end in miscarriage).
- The Bureau of Justice Statistics reported in 2004 that only about half (54%) of pregnant women in prison receive *any* prenatal care.

# Labor & Delivery



Having a baby in a carceral setting

# Labor, Delivery, & Pregnancy Outcomes

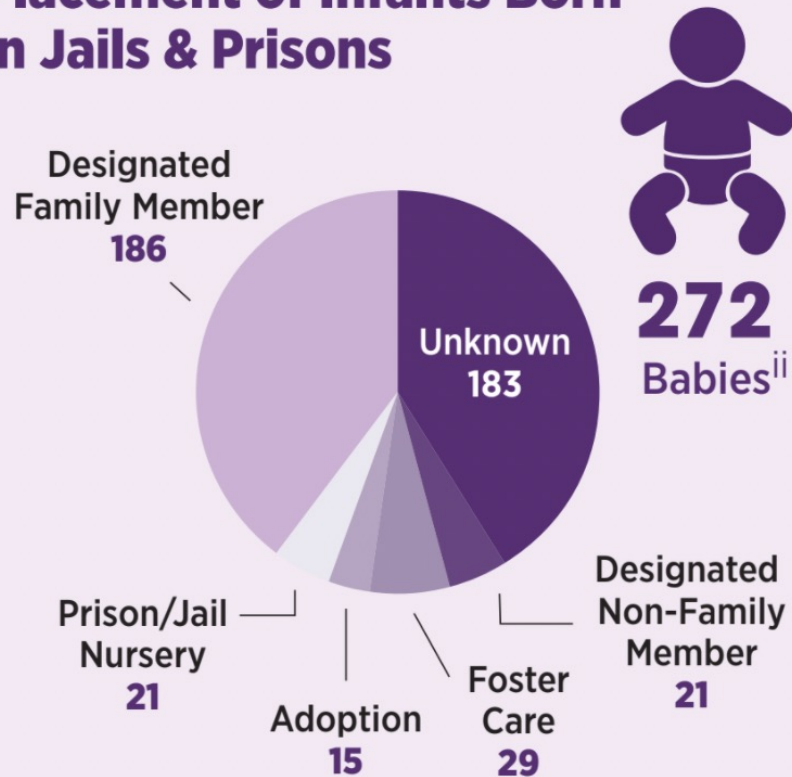
- The minority (22) of states have policies limiting the use of restraints ("shackling laws") in pregnancy, labor, and delivery.
- Compared with the general population, incarcerated women are at higher risk for having premature delivery and low birth-weight infants, but these risks do not remain when compared to similarly disadvantage populations.
- One study reviewing 224 pregnancies that ended during incarceration reported:
  - 44 (64%) were live births, 41 (18%) were miscarriages, 33 (15%) were induced abortions, and four were ectopic (1.8%).
  - 1/3rd of births were cesarean deliveries (comparable to national average)
  - 8% of births were pre-mature

# Postnatal Period



Postpartum care & chestfeeding

## Placement of Infants Born in Jails & Prisons



## After delivery

- Image to left from Pregnancy in Prison Statistics (PIPS) study by Johns Hopkins SOM.
- Most incarcerated mothers are allowed only 24 hours with their newborn.
- This separation is detrimental to both the mother and child.
- Many facilities discontinue MOUD in the postpartum period.

# Chestfeeding

- Only 1 in 3 prisons and jails have any written policy about breastfeeding or lactation.
- Even in prisons and jails that allow breastmilk expression, only the minority of postpartum patients are lactating:
  - Monthly average of 8 out of 55 in prisons (<15% of postpartum patients)
  - Monthly average of 6 out of 22 in jails (<28% of postpartum patients)

# Perinatal Mental Health



Mental health in carceral settings generally and in the perinatal period

# Mental health in carceral settings, generally


- Percent of people in state and federal prisons who have been diagnosed with a mental illness: 37%
- In locally-run jails: 44%
- Number of people experiencing "serious psychological distress" in jails: 1 in 4
- Percent of people in federal prisons who reported not receiving any mental health care while incarcerated: 66%
- Portion of people jailed 3+ times within a year who report having a moderate or serious mental illness: 27%



# Perinatal mental health

- 60% of all pregnant women in U.S. prisons have a history of substance abuse, but less than 50% of correctional systems have programs directed to those women.
- 14% of pregnant women entering jails and 26% entering prison have an opioid use disorder.
- One study found, among pregnant incarcerated women in their third trimester:
  - 80% had symptoms of clinical depression
  - 50% had symptoms of clinical anxiety
  - Roughly 40% have little or no social support from family and friends during imprisonment

# Closing



Final thoughts and how you can help

## Final thoughts

- Pregnant people in carceral settings must face an uphill battle in accessing reproductive and mental health care.
- There is a shortage of providers willing to work in carceral environments.
- All providers can continue to work on recognizing their own unconscious biases when providing care to a person who has interacted with the criminal justice system. This has been shown to improve patient care and outcomes.

# How can you help?

- You already are! Education and confrontation of our own biases/assumptions are essential to progress and providing optimal care.
- Seek out information to understand the specific issues affecting patients in carceral settings in your local communities.
- Communicate with your elected officials about the needs for reform to address funding and policy issues affecting people and families interacting with the U.S. correctional system.



---

## BONUS SLIDE: MN's Healthy Start Act

---

- Signed into MN law in May 2021
- Prior to the Act, incarcerated birthing parents were routinely separated from their babies within 48-72 hours and returned to their carceral facility.
- The new law allows women who give birth while incarcerated to serve their sentences in community alternatives, such as halfway houses or substance abuse rehabilitation centers, for up to a year with their child rather than being separated during this critical time.



# Acknowledgements

---



**Thank you for your attention!**

Cody Miller Pyke, MD, JD, LLM, MSBe

210-393-3016

[Cody.Miller@nationalperinatal.org](mailto:Cody.Miller@nationalperinatal.org)

[CodyMillerPyke@gmail.com](mailto:CodyMillerPyke@gmail.com)

