

www.cjinvolvedwomen.org

Improving Programs and Services for Women in Jails: Healthcare

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Achieving More Effective
Outcomes with Women in
Jails Summit

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National Resource Center 
on Justice Involved Women

A project of the Bureau of Justice Assistance and the National Institute of Corrections

The Public Health Perspective

Pre-incarceration

- Poor health status
- Medically underserved¹

While incarcerated

- New diagnoses
- Transmission of ID
- Preventive health care
- Access

Correctional
Facility

EDUCATION

SCREENING

PREVENTION

TREATMENT

**Release & Reentry^{2,3}

- Continuity of care
- Mortality risks
- Competing priorities

1. Clarke AJPH, 2006
2. Wang Public Health Reports 2010
3. Binswanger NEJM 2007

Rates of disease in incarcerated populations are higher than in the community^{1,2}

HIV	x 5
Hepatitis C	x9-10
Syphilis (in women)	x1000
TB (active)	x23 ³
Cervical Cancer	x4 ⁴
Chronic disease?	39-43% new dx DM, Htn, Asthma ³

1. Dumont 2012 Ann Rev Public Health
2. Binswanger 2010 AJPH
3. Baussano 2010 PLoSMed
4. Binswanger 2009 J Epidemiol Comm Health

...and for incarcerated women, there are higher rates of STIs, substance dependence, abuse, and mental illness

	Women	Men
Chlamydia ^{1,2}	8.9%-14%	10%
Trichomonas ²	26%	--
HIV ³	2.4%	1.8%
Hepatitis C ^{4,5}	13%- 34%	13-38%
Prior physical or sexual abuse ^{6,7}		
Jail	48%-80%	13%
State	57%	16%
Federal	40%	7%
Symptoms of psychological illness ^{6,7}	73%	55%
Substance dependence ¹⁰	52%	44%

1. Bernstein 2006 Am J Public Health

2. Willers 2008 Sex Transm Dis

3. Macalino 2005 Clin Inf Diseases

4. Hennessey 2008 J Urban Health

5. Solomon 2004 J Urban Health

6. Harlow 1999 USDOJ BJS

7. Fickenscher 2001 Public Health Reports

8. Maruschak, 2007 USDOJ BJS

9. James 2005 USDOJ BJS

10. Clarke 2010 JAMA

11. Clarke 2006 AJPH

Pregnancy in Prisons and Jails (Minton, 2010)

	Women Pregnant at Intake		Total # of Women	Total Births (GAO, 1999; CDC 2001)
	No. at Intake	Percent at Intake		
Jails	4,700	5%	94,000	
State Prisons	4,052	4%	101,300	
Federal Prisons	411	3%	13,700	
TOTAL	9,163	4.4%	209,000	1,300-1,400

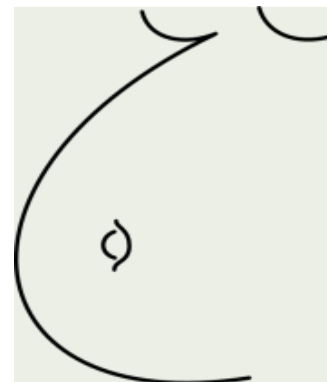
Women in state prisons were more likely to receive an obstetric exam (94%) than women in jails (48%) and other pregnancy care services (54%) than were women in jails (35%). (Maruschak, 2006)

Pregnancy and Incarceration

- Many first learn of their pregnancy on entry
 - Importance of options counseling

- High risk pregnancies

- Coexisting substance and mental health issues
- Poor nutritional status



- Pregnancy outcomes¹

- Vs. general population: higher
 - Vs. similarly disadvantaged women: lower
- Preterm birth
Low birth weight
Stillbirth

1. Knight 2005 BJOG

Issues Related to Pregnancy and Incarceration: Prenatal Care

- Provided onsite vs. transport to facility
- 38 states deemed to have inadequate prenatal care in prisons*
- “Special privileges”
 - Bottom bunk
 - Light duty work assignments
 - Extra sandwich and a carton of milk

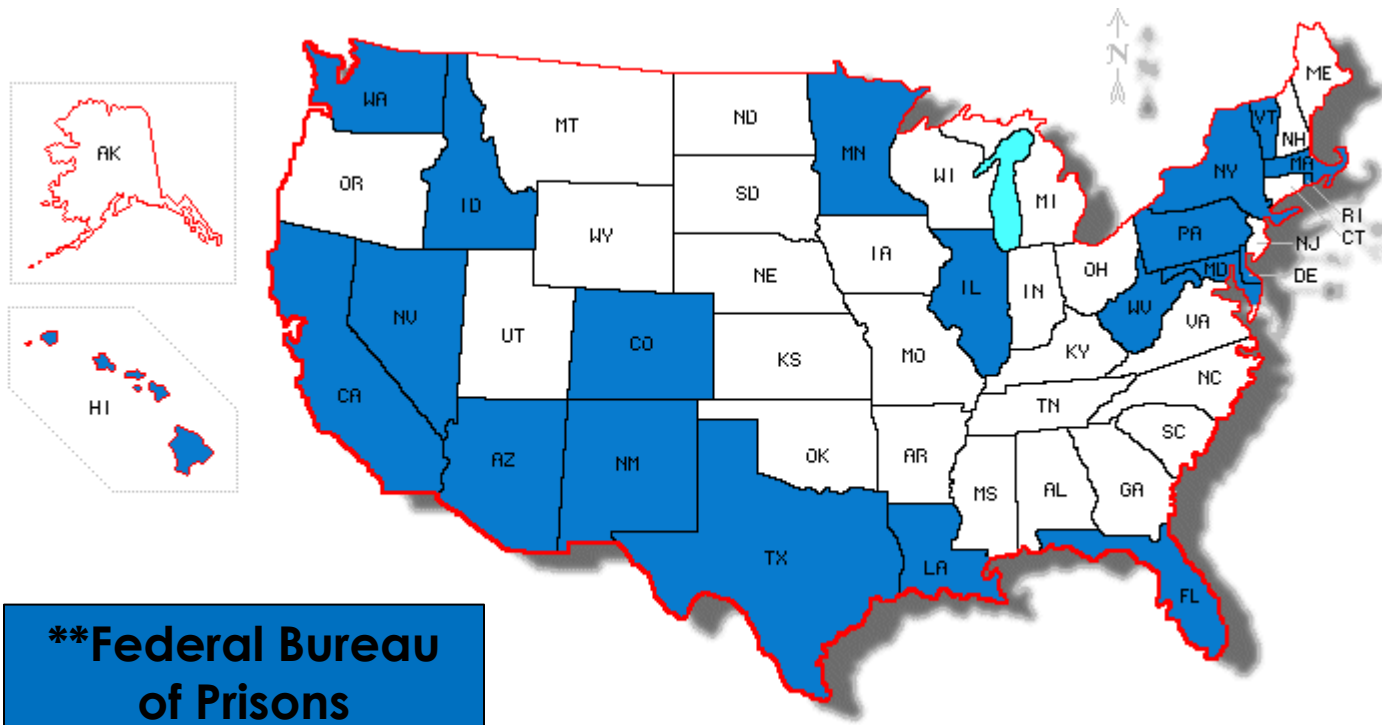
*The Rebecca Project 2010. Mothers Behind Bars

Issues Related to Pregnancy and Incarceration: Labor and Delivery

- Correctional staff as triage for medical complaints
- Usually not allowed to have visitors
 - Doula support enhances birth experiences¹
- Conflict over use of restraints in labor
 - “Safety & security”
 - Human rights
 - Medical safety



21 States Have Laws Prohibiting Shackling in Labor



Source: ACOG (9.2014)

http://www.acog.org/About_ACOG/ACOG_Departments/State_Legislative_Activities/Shackling_of_Incarcerated_Pregnant_Inmates

What happens after delivery?



Mother and infant separated:

- Infant to pre-designated guardian
- Foster Care
- Supervised family visits in jail

Mother and infant together:

- Mother-infant care programs
 - 4 weeks – 2 years
- Family-based alternative sentencing
- Lower rates of recidivism¹

**Prisons only (n=8)
+ Rikers Island**

1. Goshin 2013 Public Health Nursing

Post-partum care

- Breastfeeding
 - Pumping arrangements?
 - Contact visits with newborn?
- Mental health
 - Post-partum depression
- Contraception
 - Preventing unplanned pregnancies
 - Preparation for release
 - Limited access in jails and prisons

Challenges of providing women's healthcare services in correctional facilities

- Generally, there are Inadequate health services provided for women (in prisons and jails)
- There is limited attention to gender-specific needs
 - Women are a small part of a larger population
 - Males as “default inmates”
- However, the median ages of incarcerated women are 31-36

WOMEN OF
REPRODUCTIVE AGE

Challenges of providing reproductive healthcare services in correctional facilities

- Administrative and clinician support
- Competing (health) priorities
 - What counts as a “serious medical need”?
- Limited time and resources
- Improving knowledge among clinicians and women
- Power differentials and perceived coercion



**What are some of the opportunities
to intervene effectively?**



Require Access to Care for Pregnant Women

Options re:
counseling
and abortion
services

Prenatal care
and
safe environment

Support during
and after
childbirth

A few take-aways.....

- Incarcerated women have unique health needs, including access to pregnancy and family planning services
- Prisons and jails are important venues for the delivery of clinical and preventive health services
 - Short term “opportunities” to address health disparities
- Improving reproductive health care at correctional facilities has benefits at the individual and community level
- Criminal justice system reform is a public health issue

Two Examples of Innovative Healthcare Strategies

Example Innovation: Doulas

- Women who deliver in custody lack support persons
- Doulas have been shown to improve birth experiences, shorter labor, reduce C-section rates³
- Doula support for pregnant inmates has many benefits
 - Antepartum, childbirth, post-partum²
 - Research has shown high satisfaction among womenSeveral model doula programs exist: ³
 - WA, MA, MN, San Francisco

1. Hodnett Cochrane Review 2003
2. Schroeder PHN 2005
3. The Prison Birth Project www.theprisonbirthproject.org

Example Innovation: Providing Contraception to Women in Custody

Consider:

- Population is predominantly of reproductive age
- Family planning → comprehensive gyn care
- Work release and furloughs
- Jail stays can disrupt and limit contraceptive effectiveness
- Medical indications
- Barriers to contraception access outside¹

Reproductive and sexual health status of incarcerated women



Prior unplanned pregnancy ¹	84%
Prior abortion ¹	35% ¹ -55% ²
No or inconsistent birth control in prior 3 mo. ¹	72% ¹ -79% ²
Sexually active in prior 3 mo ¹	84%
Unprotected sex in 5 days before arrest ²	29%
Plans to be sexually active when released ¹	85%
Positive pregnancy attitude ¹	9% ¹ -23%

1. Clarke 2006 AJPH

2. Sufrin 2010 J Urban Health

Women want access to contraception in jail...

- Of 113 newly arrested, non-pregnant women: ¹
 - Would accept contraception if offered in jail: 76%
 - Wanted to initiate contraception in custody: 60%

BUT few offer these services

- Survey of 286 correctional health professionals:²
 - Routine counseling prior to release: 11%
 - Provide contraception in facility: 38%
 - Women not allowed to continue method: 55%

1. Clarke 2006 AJPH

2. Sufrin 2009 Contraception

Is it feasible to provide contraception in custody?

- Pre-release contraception clinic
- Group or individual counseling
- Birth control is cost-effective
 - Every \$1 on FP saves \$5.68¹
 - 43% of pregnant inmates became pregnant within 1 year of a prior incarceration²

1. Guttmacher Institute
2. Clarke 2010 J Corr Health Care

Is it feasible to provide contraception in custody?

- Title X funded clinic at Rhode Island Facility
 - 12 x greater chance of starting a method if contraception onsite vs. referral post-release¹

- San Francisco County Jail

- Available on-site:



IUD



Implant



Pills



Depo shot

- Since 2009: 48 IUDs and 32 implants

- Available in booking:

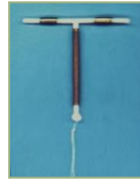


Emergency contraception

Providing contraception in custody

- Balance access, choice and autonomy with potential for perceived coercion
 - Separate counseling and insertion visits for provider-controlled methods (IUD and implant)
- Focus counseling on reproductive life goals, not on pushing contraception
 - Desire for and timing of pregnancy
 - Preparing for a healthy pregnancy

Summary



- Providing contraception to women in custody is an important preventive health measure.
- Incarcerated women have an unmet need for contraception services.
- It is feasible and potentially cost-effective to provide contraception in correctional facilities.
- If not able to establish services onsite, refer.
- Contraception should be provided in a non-judgmental, non-coercive manner which balances women's family planning goals.