

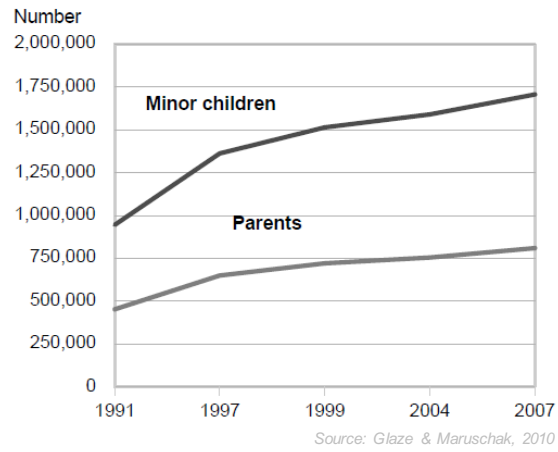
Supporting Pregnant and Parenting Women While Incarcerated

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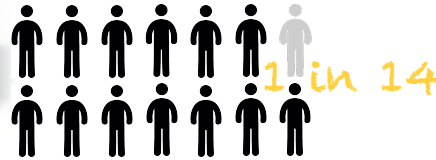
Coalition for Targeted Home Visiting
September 8, 2016



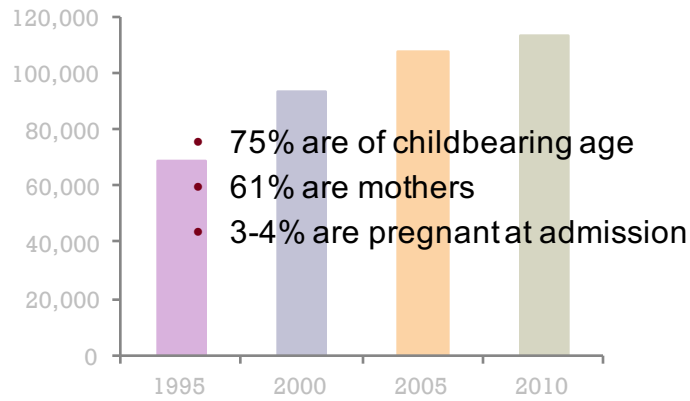
Parents in State and Federal Prisons and their Minor Children



National Survey of Children's Health



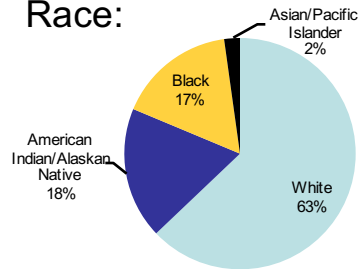
Incarcerated Women in U.S. State Prisons over Time



Women in MN State Prison

- Age: 18-80 (M = 36) years

- Race:

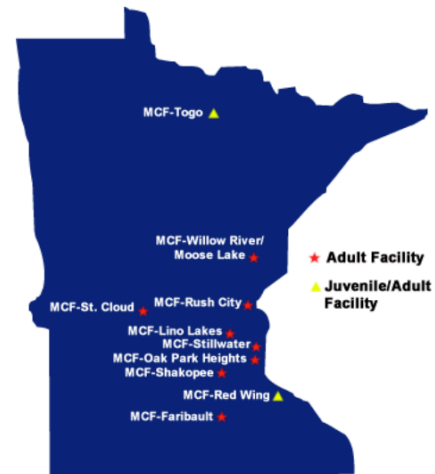


- Education: 72% have diploma or GED

Women in MN State Prison

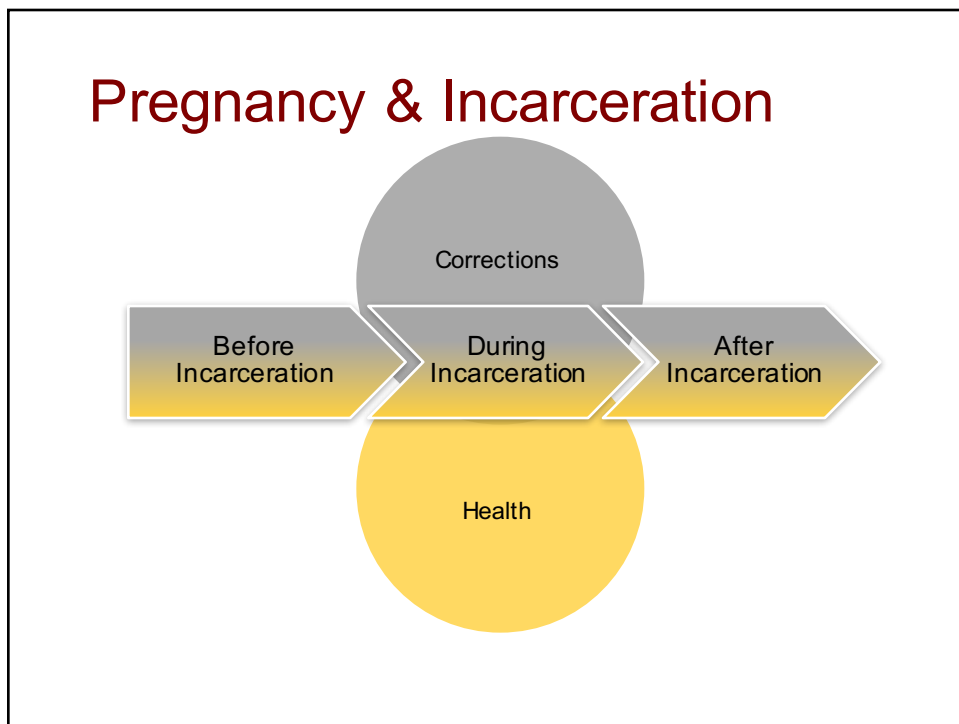
In 2015

- 674 women
- 77% mothers
- 5.6% pregnant



Maternal Health & Incarceration

- Economic risks
- Physical health
- Mental health
- Chemical health



The Minnesota Prison Doula Project

MNPDP

Three Components

- New Moms Group
- One-on-One Doula Support
- Drop-in Counseling

Program Overview

1. New Moms Group

- **Group Format**
 - Weekly, two-hour sessions
 - 12-week group sessions
- **Curriculum Goals**
- **Group Culture**

Program Overview

2. Doula Support

- **Physical, emotional, and informational support**
 - Prenatal
 - Labor and Delivery
 - Separation
 - Postpartum

Program Overview

3. Drop-in Counseling

- Emotional & informational support
 - Coping with incarceration
 - Parenting and co-parenting stress
 - Maintaining contact during incarceration

Pilot Program Evaluation

- Maternal Report
 - Initial & Final (12-week follow-up) Surveys
 - Mental and physical health; experience with the program
 - Post-Birth Survey
 - Labor, birth, and postpartum experiences
- Doula Report
 - Case Notes
 - Information about birth plan, pregnancy, labor and delivery
 - Birth Report
 - Length of labor, interventions used, birth statistics
 - Birth and Separation Narrative

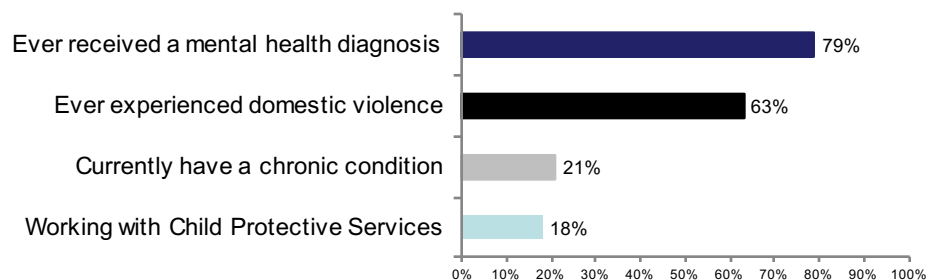
Program Evaluation

July 2011 – June 2014

- $N = 39$ pregnant and matched with doula
- Age: 20-41 yrs. ($M = 28.5$ yrs.)
- 36% white, 25% African American, 12% Native America
- Education: $M = 11.6$ yrs.

Program Evaluation

- At the start of the program
 - 0 – 9 children ($M = 2.74$ children)
 - Served between 1-14 months of their sentence ($M = 3.3$ mos.)
 - Sentences ranged between 2-62 months ($M = 17.4$ mos.)



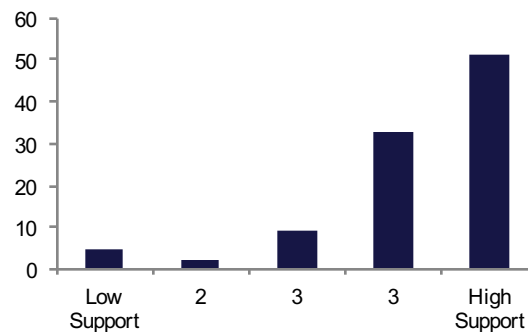
Program Evaluation

- At the 12-week follow-up
 - Women reported significantly fewer depressive symptoms
 - More confidence as parents
 - More support from other women at the prison
 - More support from prison staff

What did you learn from group:
“How to relieve stress, discipline my children, get support, ask for help, care for my children emotionally and physically.”

Program Evaluation

- At the 12-week follow-up
 - High levels of satisfaction with participation
 - High levels of support from program staff



| Visit type (target # of visits) | % met # of target visits | Visit length <i>M (SD)</i> hours | Most common topics discussed |
|------------------------------------|-----------------------------|-------------------------------------|--|
| Prenatal (2) | 87.2% | .89 (.16) | Coping with incarceration Emotional changes/stress Birth in prison Birth preferences |
| Birth (1) | 100% | 7.49 (4.32) | Breastfeeding Birth in prison Birth preferences Emotional changes/stress |
| Separation (1) | 94.9% | 3.46 (1.81) | Coping with incarceration Emotional changes/stress Taking care of your body after birth Breastfeeding |
| Postpartum (2) | 89.7% | 1.02 (.35) | Coping with incarceration Emotional changes/stress Taking care of your body after birth Exercise |

Doulas' Roles

1. Establishing a trusting relationship
2. Empowerment
3. Normalizing the birth
4. Support during separation



1. Establishing a Trusting Relationship

She was happy to see me, it made my whole day! The nurse said she did not want to get out of bed or do anything until her doula arrived.

You are a great support and help when there is no family around for support.

2. Empowerment

She was at 9 cm and really focusing through the contractions. Soon it came time for pushing, she remained very calm and focused...She had the natural labor she planned for, although she says it was her longest labor at six hours.

She was coping with the contractions beautifully. She enjoyed the bathtub and stayed submerged in it for a long time.

Things progressed quickly after the AROM [artificial rupture of membranes]; she dilated completely by 10:55 and pushed for 10 minutes. She was in complete control of her body and the pain. I was so impressed with her.

3. Normalizing the Birth

I learned from my client that she had arrived at the hospital around 11 am. She confessed her frustration to me, since she came in with 3 cm dilation and it was 5 pm and she was still at 3 cm dilation. We decided to use the ball [a large exercise ball used to increase a woman's flexibility to position themselves during labor] for a few minutes. She didn't like it much and then we tried to go on all fours on the bed. My client did not like being on all fours due to back pain. After a few hours had gone by, we decided to go in the tub. The nurse brought a lavender inhaler and my client loved to smell the sweet smell of lavender.

4. Support During Separation

I arrived on the day that my client was to be released back to prison. When I arrived she was eating breakfast with her baby snuggled in with her. She told me about the two days she spent with her daughter, hardly putting her down at all. She breastfed the whole time and the baby was doing very well at latching on. She was terribly sad that the baby would have to switch to formula. Her mom was set to come at 10 am to pick the baby up. She was very sad, but was also feeling happy that her mom would be able to bring the baby to visit often. She ended up getting to spend a good part of the day cuddling her baby. She changed back into the clothes she came to the hospital in and got ready to be shackled for the ride back to prison. I asked that they bring a wheelchair in and I grabbed a blanket out of the closet. Once she was shackled and sitting in the wheelchair, I put the blanket over her lap. I picked up the baby and held her up to my client's face so she could kiss her; my client quietly cried. The officers started to push her out into the hallway. Her nurse walked alongside pushing the baby bassinet all the way up to the door. The nurse then picked up the baby for one last kiss.

Program Evaluation

- Birth Outcomes ($N = 39$)

- 35 spontaneous, vaginal deliveries; 4 cesarean section (10%)
- Gestational age: $M = 39$ weeks, 3 days ($SD = 9.54$ days)
- None of the babies born preterm
- Birth weight: $M = 7.41$ pounds ($SD = .98$)
- None of the babies born low birth weight

Having a doula there made my experience a good one, it helped a lot!! You have to find something positive about your birth experience while you're in prison, my doula helped me achieve that.

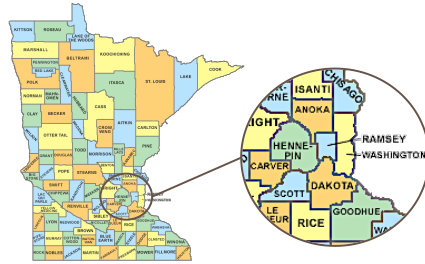
Program Evaluation

| | MN PDP (July 2011-June 2014) | OR DOC ¹ (Jan. 2010-Dec. 2013) |
|---------------------|---------------------------------|--|
| Average Age (years) | 28.5 | 27.6 |
| Pregnancies | $N = 39$ | $N = 70$ |
| Live Births | $n = 39$ | $n = 64$ |
| C-Section Rates | 10.3% | 35.7% |

¹Sazie, 2014

Program Expansion

- Jail Needs Assessment (Summer 2012)
- Semi-structured interviews with administrators in metro counties



Needs Assessment

Key Questions

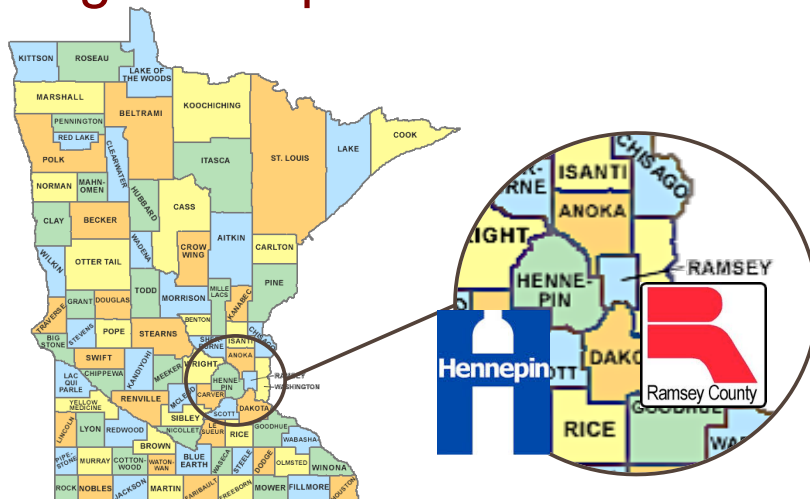
- Reporter information
- Facility information
- Characteristics of pregnant women
- Policies impacting pregnant women

Needs Assessment

Common Themes

- No systematic data collection
- Few specific documented policies
- Variation in care
- Conditional release
- Recognition of unique needs, but limited training and resources

Program Expansion



Policy Implications



- Identification of pregnancy status
- Health care for pregnant women
- Restraint of pregnant women
- Prenatal education and birth support

Next Steps

- Expand to county jails across the state
- Ongoing research and evaluation of group-based and doula support
- Monitor implementation of 2015 legislation
- Provide training and technical assistance to other states

