Healthcare in a Vulnerable Population: Female Inmates in the USA

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Introduction/Overview

Concerns for female inmates’ healthcare and risk factors

• General information about inmates/correctional facilities
• General healthcare concerns from inmates
• Brief history of correctional facilities & female correctional facilities
• Female inmate healthcare
  • Pregnancy
• Lack of policy
Healthcare Struggles for Inmates

- Allen, Wakeman, Cohen, and Rick (2010)
  - Subpar
  - Worse for inmates with MH diagnoses
  - Denied medications, therapy & regular doctors’ appointments
- Nowotny (2017)
  - Lack in physical health examinations showed an increase in MH diagnoses
- Binswanger, Krueger, & Steiner (2009)
  - Rate of chronic medical conditions is larger for inmates compared to the general population of USA
Descriptive Statistics

• Number of inmates: around 6,410,000 (Maruschak & Minton, 2018)

• Number of female inmates:
  • Federal: 7% of total inmate pop (BOP)
  • Around 231,000 (Kajstura 2019)

• Number of females pregnant upon entering prison: 4% of females entering state facilities (Long 2019)
  • Majority already have children and primary care giver
History of Female Correctional Facilities

- Created for males 1891
- Females and males housed together
- Females participated in white collar crimes – faulty checks primarily
- Created “reform cottages” to make them more lady like
- 1927- first female prison in West Virginia
Female Inmate Healthcare

• Ingram-Fogel (1991)
• Health problems of female inmates
  • First week & 6 months in
• 1st week
  • Menstrual difficulties, alcohol abuse, and severe/frequent headache
• 6th month
  • Menstrual difficulties, fatigue, and severe/frequent headache
• Overweight increased from 45% to 57%
• 17% entered at normal weight and became obese within 6 months
Female Inmate Healthcare

• Over the last 30 years the female inmate population has grown drastically
• Hyde, Brumfield, & Nagel (2000)
  • Healthcare requests
  • Nurse and nurse practitioners most used
    • Expanded role
  • Short-term inmates-more requests
    • Socioeconomic status
  • Long-term inmates
    • Gastrointestinal disturbances

Naomi Blount (advocate)- Muncy Prison, PA  
Served 37 years
Pregnant Inmates

- Fogel (1993)
  - Low socioeconomic areas
  - Anxiety about implications for their child
  - Separation anxiety
  - 52.3% did not receive appropriate prenatal care
  - 4.4% participants reported receiving NO prenatal care
Pregnant Inmates and Healthcare

• Attachment and bonding a mother has with her child
• Kelsey et. Al (2017)
  • 37.7% of facilities test for pregnancies
  • 45.7% put women through opioid withdrawal programs
  • 56.7% of facilities put restraints on women after giving birth
Pregnant Inmates and Healthcare

• Kelsey et. al (2017)
  • Recommendations for during pregnancy care have been formed from organizations
  • Institutions do NOT have to follow
  • Facilities did not meet nutritional requirements
  • Used restraints during birth and shortly after birth
    • Belly chains, ankle chains, and handcuffs
Pregnant Inmates and Restraints

- Ferszt and Clarke (2012)
  - Lack of nutrition & exercise
  - Use of restraints during transport and during & post labor
  - Delivered questionnaire to female state facilities in all 50 states, only 19 responded
  - 9/19 allowed extra rest periods
  - 4/19 made no accommodations for decrease in work
  - Less than half offer parenting education or breastfeeding support
  - 15/19 require C.O. to be in room during birth
    - Only 7 reported that officer must be female
Advocacy and Support: Informal Programs

• American Civil Liberties Union
• Balaban and Kuhlik (2019)
  • 2 specific cases
  • Gave birth in cell
  • Alone after crying out
  • Staff did not respond right away
  • 1 gave birth handcuffed in ambulance-baby did not make it

• Advocacy and Research on Reproductive Wellness of Incarcerated People (ARRWIP)
  • 2 major projects
    • Management of opioid use disorder among pregnant people in jail
    • Pregnant, incarcerated people’s experiences with decision making and care
Existing Policies: Federal Bureau of Prisons- Policy

- Recognize the struggles females face
- Women and Special Populations Brand (WASPB)
  - Involved in national policy development

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<tr>
<th>Mothers and Infants Together (MINT)</th>
<th>Residential Parenting Program (RPP)</th>
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<tr>
<td>• Help during last 2 months of pregnancy</td>
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<td>• Eligible inmates, residential program stay up to 3 months after having the baby</td>
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<td>• Locations: Phoenix, AZ, Tallahassee, FL, Springfield, IL, Fort Worth, TX and Hillsboro, WV</td>
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<td>• Allows min security inmates w/sentence of less than 30 months to reside w/ their babies after birth in a supervised environment for up to 30 months</td>
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<td>• Only offered through Washington Department of Corrections</td>
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Policy Update

Possible Implications for Future Policy

• No state regulations
  • “Just World”
• General policy for pregnancy testing
• Prenatal care
• Parental education
• Restraint use revision
• Skin to skin contact for most inmates after birth
• Community resource education closer to release
Resources


• Female Offenders. *Federal Bureau of Prison*. [BOP: Female Offenders](https://www.bop.gov/)


