

Women are the fastest growing segment of the U.S. prison populace. In Louisiana, 82% of incarcerated women are of reproductive age.ⁱ The majority have children and they are often the primary caretaker of their children. However, women, including pregnant women, are receiving unacceptable health care in correctional systems. Further, many correctional systems lack policies to protect the best interest of incarcerated women, mothers and their children.

The women in the criminal justice system are among the most vulnerable in our society. Pregnancies among incarcerated women are often unplanned and high-risk and many incarcerated pregnant women have histories of traumatic childhoods, are in poor physical and mental health with addiction problems and have inadequate prior health care.ⁱⁱ The conditions of labor and birth while in custody increase the likelihood that the women will have stressful birth experiences.

The majority of women are held in local facilities in Louisiana which are not set up to meet the needs of pregnant incarcerated women. The following are policy recommendations to address these needs in state and local facilities.

Improvements to and Enforcement of Act No. 761 - SAFE PREGNANCY FOR INCARCERATED WOMEN ACT (2012)

Notice: Female prisoners and medical professionals should be notified of both the law restricting shackling and the policies developed to give effect to the law. For example, the law in California requires that “[u]pon confirmation of an inmate's pregnancy, she shall be advised, orally or in writing, of the standards and policies governing pregnant inmates, including, but not limited to, the provisions of this chapter.”

Training: Correctional officers should be required to undergo classroom and hands-on training on the use of restraint equipment and physical restraint techniques. Officers should also be trained to identify when a woman enters into labor and to understand precisely what constitutes an “extraordinary circumstance” permitting an exception to the ban on shackling. Strong training requirements are necessary to ensure correctional officers correctly implement the law and to avoid the improper use of restraints. For example, a policy in Minnesota requires correctional officers to be trained to properly use restraint equipment when it is necessary to do so. Only adequate training policies will ensure that correctional officers correctly implement the law.

Medical Staff Input: Medical staff input provisions require correctional officers to comply with the requests of medical professionals not to apply restraints or to remove them if they have already been applied. Correctional officers should be required to immediately honor requests to remove restraints from attending doctors, nurses, or other medical professional.

All women known or discovered to be pregnant should be provided (at low or no cost)

- Pregnancy counseling reflecting the desires of the inmate, whether she elects to give birth and keep the child, to give birth and use adoptive services, or to have an abortion.
- Nutrition and activity that meets the specialized needs of pregnant women.
- Prenatal vitamins.
- A pregnant prisoner should receive necessary prenatal and postpartum care and treatment, including an adequate diet, clothing, appropriate accommodations relating to bed assignment and housing area temperature, and childbirth and infant care education.

- Facility staff who is qualified to assess labor, due to the signs and symptoms of labor occurring in many different forms.

Doula support for pregnant incarcerated women who request it because it has been shown to improve childbirth and provide necessary support for labor and delivery.

Health Care Providers

- Health care providers and other correctional facilities staff should receive appropriate training to provide care for female inmates, including the care of pregnant women.
- Physicians at facilities should be licensed medical doctors.

All women housed in correctional facilities in Louisiana should be provided the following preventative care (at low or no cost)

Health education

- Information about pregnancy and contraception
- Information about tobacco, alcohol and drug abuse and cessation

Contraceptive services

- All FDA approved forms of contraception should be made available as well as information about their effectiveness and potential risks to allow for women to make informed decisions about which method, if any, to use.
- Emergency contraception should be made available based on medical need or potential risk of unplanned or unwanted pregnancy.

Necessary immunizations

- For juveniles, immunization for HPV, meningococcal, and influenza vaccination should be provided.

Data Collection and Reporting

The Louisiana Department of Corrections should collect and report the following data about incarcerated women in state and local facilities.

- Number of women who are primary caretakers;
- Number of women entering jail or prison pregnant;
- Number of live births, miscarriages, abortions, stillbirths or other pregnancy outcomes;
- Women having hysterectomies while incarcerated; and
- Women diagnosed with cervical cancer.

ⁱ Louisiana Department of Public Safety and Corrections (2017). *Briefing Book: Demo Profiles of the Female Correctional Population*.

ⁱⁱ Schroeder, C. and Bell, J. (2005). *Doula Birth Support for Incarcerated Pregnant Women*. Public Health Nursing Vol. 22 No. 1, pp. 53—58.