

## Prison nurseries: Experiences of incarcerated women during pregnancy

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### ABSTRACT

The rate of incarceration for women has risen dramatically in the past three decades. Many incarcerated women are pregnant upon incarceration and give birth in prison. Prison nurseries allow women to remain with their newborn babies within the prison for a specified span of time. Evidence suggests such programs increase mother–child attachment, improve parenting efficacy, and reduce participant recidivism. Through interviews with 27 formerly incarcerated women who gave birth while in prison, the present study compares the birth experiences of women participating in a prison nursery program and a group of women giving birth prior to implementation of the program.

### KEYWORDS

Correctional programming; female offenders; incarcerated mothers; offender rehabilitation; qualitative research; prison nursery

## Introduction

The growth in women's incarceration rates in the United States is well documented (Carson, 2014; Chesney-Lind, 2002; Pollock, 2013; The Sentencing Project, 2012). Though women still comprise a small percentage (about 7%) of the total prison population, their incarceration rate has been growing faster than men's in recent decades (Carson, 2014; Chesney-Lind, 2002; Pollock, 2013). Between 1990 and 2001, the number of incarcerated women increased by 114% compared to 80% for men (Pollock, 2013). Between 2003 and 2012, the average annual growth for women prisoners was 1.2% compared to 0.7% for men, and female prisoners sentenced to more than a year in state or federal prison grew by almost 3% between 2012 and 2013, while male prisoners increased 0.2% (Carson, 2014).

The number of parents incarcerated in state and federal prisons increased by 79% between 1991 and mid-year 2007 (Glaze & Maruschak, 2008). In 2004, approximately 71% of mothers in prison were the sole primary caregivers for their minor children, compared to 26% of incarcerated fathers (Glaze & Maruschak, 2008). Between 1991 and 2007, the number of children with a mother in prison also increased 131% (Glaze & Maruschak, 2008). "Of the estimated 74 million children in the U.S. resident population who were under age 18 on July 1, 2007, 2.3% had a parent in prison. Black children (6.7%)

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were seven and a half times more likely than white children (0.9%) to have a parent in prison. Hispanic children (2.4%) were more than two and a half times more likely than white children to have a parent in prison” (Glaze & Maruschak, 2008, p. 2).

Approximately 5% of women in jail are pregnant (Maruschak, 2006). Four percent of women in state prisons and 3% in federal prisons are pregnant when admitted to prison (Maruschak, 2006). Depending on the state prison population, a state department of correction may see anywhere from a few to over 100 women give birth while imprisoned in a year (Pollock, 2013). The majority of children born to incarcerated mothers are immediately separated from their mothers (Women’s Prison Association, 2009).

The increased number of incarcerated women has rekindled concerns of the possible impacts of imprisonment on inmates’ well-being as well as on the mother–child relationship, including, for inmates, higher levels of anxiety and depression, and for the mother–child relationship, serious disruption (Craig, 2009). A healthy birth outcome and the parenting ability of the mother are essential to the well-being of the child and to the reintegration of the mother back into society (Daane, 2002). Prison nurseries are a promising policy response to these concerns. This study attempts to add to the prison nursery literature by exploring and contrasting the subjective prenatal, birth, and postpartum experiences of women participating in a prison nursery program and a group of women who gave birth in the same prison prior to implementation of the program.

## Literature review

Prison nurseries allow inmates who give birth to remain with their children in a special section of the prison for some limited time, usually one to two years. Prison nurseries seek to provide an opportunity for bonding between the inmate mother and her infant from the time of birth, and to:

Facilitate the change of the inmate mother to a responsible parent, aid in the development of realistic expectations the inmate mother has for herself and her infant, provide for prenatal and infant health, and provide intervention in breaking the cycle of generational abuse and incarceration. (Carlson, 2001, p. 84)

Though often treated as something new, such programs actually have a long history in U.S. corrections (Craig, 2009; Goshin & Byrne, 2009). There are approximately 10 state prison nursery programs in the country, including the nursery at Bedford Hills Correctional Facility, which was established in 1901 and is the oldest prison nursery program in the country. Riker’s Island Jail (NY) also has a nursery, and the Federal Bureau of Prisons has five Mother and Child Nurturing Together (MINT) residential parenting program sites (Women’s Prison Association, 2009).

The literature on prison nurseries cites three primary benefits of the programs: (a) possible increased attachment between mother and baby; (b) improved parenting efficacy; and (c) reduced recidivism among mothers. Generally, studies of prison nursery outcomes report increased attachment and bonding between incarcerated mothers and their children (Borelli, Goshin, Joestl, Clark, & Byrne, 2010; Byrne, Goshin, & Joestl, 2010). Research by Byrne et al. (2010) provides evidence that infants raised in a prison nursery are as likely to be securely attached to their mothers as low-risk community children, despite the mothers' own attachment problems. Children who reside with their mothers in prison nurseries have been found to have lower amounts of depression and anxiety than children who were separated from their mothers (Goshin, Byrne, & Blanchard-Lewis, 2014). The length of time spent in a prison nursery can improve attachment between mother and child, with a year-long stay providing the most positive outcomes (Byrne et al., 2010). However, it is important to note these studies did not test attachment at baseline and then retest the children after their prison nursery stay so any change could not be assessed.

Existing research on prison nurseries also finds increased self-reported parent self-esteem, confidence in parenting skills, parental knowledge, and parenting efficacy among participants (Gonzales et al., 2007; Whiteacre, Fritz, & Owen, 2013). Parental self-esteem and satisfaction, associated with both child behavior and parental functioning, have important implications for parenting outcomes and child behavior (Mash, Johnson, & Kovitz 1983). Studies of prison nurseries show reduced recidivism among participants (Carlson, 2001; Koch & Tomlin, 2010; Goshin, Byrne, & Henniger, 2013; Shain, Strickman, & Rederford, 2007; Whiteacre et al., 2013). The studies, however, tend to lack the preferred methodological rigor in terms of appropriate control groups and follow-up time.

Qualitative studies of prison nurseries, while limited, find improvement in bonding mothers and children (Carlson, 2001; Koch & Tomlin, 2010). Prison nurseries can promote an atmosphere considered more desirable than other prison environments (Carlson, 2001). However, despite the positive findings, prison nurseries are still criticized by participants for not providing adequate medical care and having inadequate facilities (Koch & Tomlin, 2010; Pösö, Enroos, & Vierula, 2010).

There is limited research, however, on the subjective pregnancy and birth experiences of incarcerated women (Chambers, 2009; Hutchinson, Moore, Propper, & Mariaskin, 2008; Schroeder & Bell, 2005; Wismont, 2000). Understanding women's subjective pregnancy and birth experiences in prison is important because birth experiences have a direct link to postpartum depression and bonding between the mother and infant (Lemola, Stadlmayr, & Grob, 2007; Priddis, Schmied, & Dahlen, 2014; Weisman et al., 2010). A common theme in the few existing studies is the predominant fear surrounding the

anticipated separation from their infant (Chambers, 2009; Hutchinson et al., 2008; Schroeder & Bell, 2005; Wismont, 2000). It is important to note that none of the studies listed included women participating in a prison nursery.

This study attempts to add to the prison nursery literature by exploring and comparing the subjective prenatal, birth, and postpartum experiences of women participating in a prison nursery program and a group of women who gave birth in the same prison prior to implementation of the program. Through these experiences, the primary findings identify the similarities and differences in prenatal care, birth experience, and postpartum experiences between women in the two groups. Additional findings identify the lived prison nursery experience, including perceptions of overall quality of programming and facilities as well as interaction with staff.

## Methods

### *Location*

In March 2008, the Indiana Women's Prison, located in an urban Midwestern city within the United States, opened the Wee Ones Nursery (WON) to allow incarcerated pregnant women meeting program eligibility to keep their babies in a special housing unit of the prison for up to 18 months. To be eligible for the program, a woman must: (a) be pregnant when entering custody of the Department of Correction, (b) have a release date within 18 months after the projected delivery date, (c) have no convictions for a violent crime or child abuse/endangerment, (d) have custody of the child, and (e) meet specific medical and mental health criteria, as does her baby (Koch & Tomlin, 2010).

The WON program can house up to 10 women and their newborn babies at one time. Mothers and babies share a cell containing a bed and a crib. There are four trained and paid nannies from the offender population who live on the unit and assist the mothers. Mothers receive parenting classes, including child development and lactation counseling. Mothers on the unit may not work in prison employment.

### *Participants*

To recruit participants, the Indiana Department of Correction provided us with the last known addresses for the 90 women who entered WON between its inception March 19, 2008 and January 2012 and 98 women who likely would have been eligible for WON but were incarcerated within the 2-year period prior to the nursery's implementation (2006–2008). Following IRB approval, in compliance with federal regulations regarding prisoners as research subjects, letters were sent inviting women to participate in a study (no study details were provided in the letter). Seventy-three letters were

returned as undeliverable. In two cases, the addressee was deceased. Three weeks later, follow-up letters were sent to women who had not yet responded and for whom letters did not return. A total of 27 women, 15 WON and 12 pre-WON, contacted the principal investigator, at which time their identity was confirmed prior to explaining the nature of the study. All participants who called to inquire about the study agreed to participate. At the time of the interview, participants gave informed consent and were provided a \$50 gift card for their time after completing the interview.

In terms of the overall response rate, we interviewed 14% ( $n = 27$ ) of the 188 women for whom we were provided addresses. Excluding 73 women for whom we did not have correct addresses, the response rate is 24%. The interviewees in this study gave birth in prison an average of 45 months, with a range of 6 weeks to 6.5 years, before the interview. Following up with women who gave birth in prison an average of almost four years before the study is no easy task. Although this study has a small participant response rate, it nevertheless represents one of the only qualitative studies of women participating in a prison nursery. Generally, qualitative studies of women in prison nurseries take place during or immediately upon leaving the prison nursery. The value of participant response rate should be considered in this context.

The first author scheduled and conducted all the interviews, which lasted from 35 min to 2 h. Interviews were digitally recorded and handwritten notes were taken. The interviews focused on current living situations, criminal histories, prenatal experiences, incarcerated birth experiences, and postpartum incarceration experiences. The interview schedule had separate questions for women who participated in WON and those who did not.

Table 1 provides demographic information for the overall population, the WON group, and the pre-WON group. The women participating in the interviews were divided into two groups. The WON group ( $n = 15$ ) participated in the WON program. The pre-WON group ( $n = 12$ ) would have been eligible to participate in WON; however, their sentence was served prior to the creation of the program. The WON and pre-WON groups are quite similar on all variables except the criminal justice data. WON participants have a slightly higher mean number of previous DOC admissions (though the median is 0 for both groups). The two groups differ on the present charges as well, with the majority of WON participants having charges for theft and more of the pre-WON group having drug charges (possession and dealing).

## **Analysis**

All interviews were transcribed verbatim and analyzed with the aid of qualitative data analysis software, ATLAS.ti. All transcripts were initially

**Table 1.** Participant demographics.

	WON		Pre-WON	
	Interview sample (n = 15)	WON population (n = 90)	Interview sample (n = 12)	Pre-WON eligible (n = 98)
Age				
<i>M</i>	29	27	30	27
Median	28	27	28	25
Race				
African American	31%	26%	30%	30%
Caucasian	69%	67%	70%	67%
Hispanic	*	3%	*	2%
Multiple	*	2%	*	*
Other	*	2%	*	*
Prior arrests				
<i>M</i>	8	6	8	6
Median	5	5	5	5
Prior DOC admits				
<i>M</i>	1.3	0.6	0.8	0.7
Median	1.0	0.0	0.0	0.0
Charge				
Forgery/fraud	7%	18%	25%	27%
Theft/receiving	40%	29%	*	18%
Drugs	19%	28%	42%	28%
Prostitution	*	2%	*	5%
DUI	27%	7%	8%	2%
Conspiracy	*	3%	*	4%
Other	7%	18%	25%	16%

\*: No data available.

divided into two groups (pre-WON and WON) since different questions were asked of women in the WON group and the pre-WON group. All transcripts were first open coded line by line in order to identify broad themes such as pregnancy experiences, birth experiences, and nursery experiences (Corbin & Strauss, 2008). Throughout the analysis, codes were induced from repeated readings of the transcripts.

Transcripts were reread to identify common experiences among all interview participants. Two unique pre-WON and WON themes emerged at this time (nursery experiences and separation experiences) because of the specific relevance to their experiences within the separate groups and were included in the open coding process as a broad category even though they could fit underneath the postpartum category. Next, the data were coded axially in order to look at linkages of topics and variability within codes (e.g., the reasons why birth experiences were considered positive or negative by the mother or the concern over delayed care during prenatal care.) Finally, selective coding was used to identify a core variable in order to construct an overall narrative of the findings (LaRossa, 2005; Strauss, 1987). During this stage, we utilized the co-occurrence tool in ATLAS.ti to identify similarities and differences between the two groups during the different events in their pregnancy, birth experiences and postpartum experiences. Since this paper was originally designed to compare the subjective experiences of the WON

and pre-WON groups, comparison became the core concept for this paper. That is, we sought to understand, based of the women's subjective experiences, the similarities and differences that occurred during the prenatal, birth, and postpartum periods during their sentence.

## Findings

There were many similarities in the pregnancy, labor, and reentry experience between the WON and pre-WON groups. Differences were prevalent throughout the postpartum stage due to the infant separation experienced by only the pre-WON group. A brief discussion of the main themes and some illustrative quotes for each are provided next.

### *Pregnancy experience*

#### *Perceptions of medical care*

The respondents were asked to reflect on the prenatal care they received during their pregnancy. Overall, 20 of the 27 women described instances of negative prenatal care with no notable differences between the WON and the pre-WON groups. There were three dominant themes that arose from the interviews when discussing their pregnancy experiences: communication, delay in care, and the expectation that pregnant women should have priority over other incarcerated women. When discussing their prenatal care, the interviewees differentiated the care they received through the prison infirmary and the care they received from the prison-contracted hospital for their OBGYN prenatal visits. The desire for consistent and clear communication was the predominant theme when reflecting upon hospital visits, while delayed care was the predominant theme when discussing the prison infirmary.

Communication was pivotal in the perception of quality prenatal care when discussing their hospital visits. Regularly scheduled OBGYN visits for all pregnant women in the prison led to limited individual time with the hospital OBGYN. When it came to high-risk pregnancies, communication became even more vital to their prenatal experience. One mother previously diagnosed with cystic fibrosis said:

I know it's genetic, and I didn't know how he [the baby] was going to be and then having to be in prison and having my baby be at the hospital. We don't get to find out what's wrong or what's going on. Maybe once or twice a week if the baby is in the hospital. We don't get to hear every day what is going on, because the counselors have so many other people that they have to take care of and answer to and problems that are going on. But there would be days you wouldn't be able to know what is going on. That was a big concern what is going on and then having to worry day in and day out. (S5)

According to another mother:

It sucked. I did not feel there was in-depth prenatal care. It was a 2 minute conversation, and honestly, I feel bad for a woman who has serious problems who is in trouble there because they are not in a hurry with anything. I leaked water the whole time I was there and couldn't get anybody to do anything about it. The nurses, they are just not in a hurry about anything. That is just not a situation you play with. (S6)

Another mother indicated the feeling of being on an **assembly line during her prenatal visits:**

I would see her for, you know, 45 seconds. She would go under there, look inside. Listen to the heart beat. We would listen to the heartbeat. She didn't talk to me. I didn't talk to her. She would say "Looks fine," "Looks good," and "OK." The most we ever said to each other was I thought this was going to be a little girl. The most she ever said to me was "It's a boy." It wasn't like we had a relationship, none of us, with the doctors. We were on like an assembly line. So that's how that went. (S18)

**Delayed care** was also a concern of the women during their pregnancy. This concern was specifically in response to the prison infirmary, since the infirmary would initially approve petitions for health care. One woman noted this delay in care was due to dishonesty by other inmates:

They make you fill out a health care request, but if they don't feel it is serious enough because a lot of women do come in there and cry wolf because they are hypochondriacs or because they want, you know, special attention for whatever reason. But prison is not a place where there is a lot of honest people, which makes it hard for when people who do have problems. But if you felt like your blood pressure is up or something like that then sure they would take you over and take your blood pressure, but as far as like if you felt you were cramping or had bad cramps or if you were bleeding, you know, they would want to know how bad, and if it wasn't bad enough to their standards and they're not OB doctors then they didn't do anything about it. (S27)

While many of the respondents understood the strain on prison resources, most **felt pregnant women should be made a priority:**

It takes them forever to get you to the infirmary. I am guessing because there are too many people, but if you are pregnant, you should be able to come first. If you have that program [WON], why don't you put the ladies first? (S13)

Although the predominant theme of the prenatal care received was primarily negative, it was not exclusive. Fifteen women mentioned receiving some form of good prenatal care during their pregnancy. However, this was often in reference to the care they received at the hospital.

You know, what I would have to say that we were at [Community] hospital for that care, and for me, it was pretty good... I remember the lady from her face I can't remember her name. She didn't look at us like we were inmates. She spoke softly,



you know, to reach where the baby was and to make sure we were comfortable. To me the experience was okay. She just saw me as a normal person. So I felt comfortable because I am the type of person that if I don't, I am going to let, you know, and I don't have to go back, but she didn't make me feel that way. (S10)

### **Birth experience**

#### **Labor support**

A total of 58% of the pre-WON respondents and 47% of the WON respondents reported having no support from family or friends during labor. Access to a labor support individual of the woman's choosing has been shown to improve the woman's perception of her birth experience by reducing anxiety, fear, and perceived pain (Bruggemann, Parpinelli, Osis, Cecatti, & Neto, 2007; Campbell, Scott, Klaus, & Falk, 2007; Scott, Berkowitz, & Klaus, 1999). Prison policy allows incarcerated mothers to select one birth coach who is a spouse, a female relative, or a female friend. Boyfriends, regardless if they are the parent of the child, are not allowed. In instances where birth coaches were selected, few were able to attend the birth. Travel time and little advance notice of the onset of labor hampered their ability to arrive in time. This was especially problematic when labor was induced. Mothers are not notified in advance when they will be induced, nor are their birth coaches, although most are aware of the standard operating procedure for scheduling inductions. One such mother was not informed of her induction until she arrived at the hospital:

They set it up to where they make your appointment a week before the one to make you have a baby. Well since I had a c-section, they had already planned when I was going to go in. They don't tell you when, just so you can't tell people on the outside, and they were like "well you are going to the doctor." Right. It's like a big surprise. I didn't like it at all. Because it was like the last minute. That's why I didn't have a birthing coach with me. Because it was the last minute, and I couldn't get my mom to drive up here. ... They didn't tell me that until I got there. I thought I was going there for another check up. So I was like, okay maybe there is something wrong. Because for my first daughter, I didn't have enough amniotic fluid. They had to rush me back for an emergency c-section. I was like, oh crap, is there something wrong. Then when we got there they were like "Well, you are having your baby today" and I am like, oh gee ... my mom's not going to be able to make it. Yeah, they called her right before I left and there was no way she could get out there in time. (S13)

Even when mothers are not induced, mothers reported instances of birth coaches never being contacted. One mother said the staff refused to contact her husband due to the late night timing of her delivery:

We had already done all the paperwork to have my husband there for the delivery and as we were in the ambulance I kept saying, "Call my husband. Call him," and

they refused to do it because it was the middle of the night. So by the time they called him in the morning, I had already delivered. (S1)

IWP policy allows birth coaches into the delivery room once the mother is deemed in active labor and they must leave 30 min following delivery. For those who had a birth coach, mothers expressed a desire for longer visitation immediately following the birth. One mother stated: “It really sucked afterwards because my mom could only stay for 30 minutes, and that is when you want somebody with you” (S6).

### **Restraints**

Women in both groups felt the use of restraints during childbirth was excessive. Forty percent of the WON respondents and 58% of the pre-WON respondents reported negative emotions surrounding their birth directly associated to the restraints. Pregnant offenders are handcuffed during transport from IWP to the hospital. Leg restraints or belly chains are not used for transportation as they are for nonpregnant offenders. Once admitted to the hospital, handcuffs are removed, and the women are restrained to the bed with one ankle chain, which is long enough to access the bathroom. The restraint is removed once medical staff designates the inmate as in active labor and is reapplied approximately 30 min following delivery barring no complications. Many respondents experienced the restraints as dehumanizing:

The handcuffs made me feel inhumane. I don't want to cry, but it made me feel like an animal. I think at that point, I understood that I was not seen as a human being, I was not seen as a normal person. I was seen actually as a criminal, not just a lady having a baby but some type of criminal monster or something. ... It made me feel like I was worthless to society. That I had made a mistake and doing my time, but that had nothing to do with the fact that I was now in labor and bringing an innocent child into this world. (S10)

Respondents discussed inconsistencies in the restraint applications. Much of the application was dependent on the guards. Lack of clear policies, personal beliefs, and relationships all seemed to affect the application of restraints for both pre-WON and WON women.

Please don't get them in trouble by this. But honestly, after you have the baby you have to have that 13 foot one [restraint chain]. They never barely put it on me but when the CO [correctional officer] from basement. When he came up and did the walk around, that was the 5 o'clock one. I had to have it on then. And really when I went to the bathroom or when the CO was sleeping she would put it on me. But half the time, she didn't even do that. And they have to have it on you. And they said, 2 of COs told me, “you are the first person we have never had to put a shackle on like that.” They said, I don't know why it's like that and I don't know if it was them themselves, but they said “we don't want to.” I barely had it on. You feel more at home. And one thing I want to congratulate IWP for is I loved the fact that they treat you with hospitality when you are having a baby. We are prisoners. We are.

Everyone of us did something wrong to get there. I can honestly admit that. But you don't have to treat us like animals and they do not. They treat you like a real human being that just walked in the hospital off the streets to have that baby. (S15)

At the opposite end of the spectrum, another mother was handcuffed and restrained until hospital staff demanded the handcuffs be removed.

I was induced, and I was there, and I was scheduled to be induced, and I went, and they did the procedure, and they induced me. So the contractions started coming, but before that what I did not like was the fact that they have you handcuffed, and the doctor and the nurse, she is basically saying she's starting to contract, we can go ahead and remove the handcuffs. ... So that is why we went in and at that time they induced while I was handcuffed. While I was starting to contract, she [the CO] still would not take me out of the handcuffs, so her and the nurse got into a verbal confrontation. She [the nurse] was like, "look she is in active labor right now. You need to take these handcuffs off," and the officer is saying she has to follow rules and protocol and they were told not to take them off until a certain time. So they are arguing back and forth. The nurse finally gets a doctor's order to take the handcuffs off, so at this point, I was in a foul disposition. I mean, this was insane. Handcuffs while I am in labor? I guess the officer's sergeant, whoever is in charge of her, he is a man. So how the hell does he know anything about me being in labor? Like okay, you got the handcuff thing down pat, but you don't know anything about no woman having no baby. So that ticked me off pretty bad. I was in a foul disposition about that. But she got the order to get them to take it off and they did. The contractions were absolutely overwhelming. (S10)

### Separation

The experience of separation from their child was the primary difference between the WON and the pre-WON groups. Prison policy allows infants to remain with their mother during the postpartum recovery at the hospital. For vaginal delivery, this time is 24 h, and for cesarean section delivery, recovery times ranged from 48–72 h. Within the pre-WON group, separation from their child was traumatic:

That was the most dramatic thing ever and traumatizing. And oh my God, I was devastated, like there was nothing. No amount of preparation or before knowledge can prepare somebody for that. It was crazy. I was just like "Wait. What? You are taking my baby out? Why are you taking my baby out?" When I say dramatic, I was bawling. Sobbing. I was saying, "Why are you taking my baby? That's my baby." I choose the words dramatic because I am pretty sure the guards were like, "Now she knew this was coming. She is being a drama queen." It was a traumatic experience. I have never considered what it would be like to have somebody tell you "Now I need your son." or "I got to take him now." That is what she said. She was taking him out of my arms, and I am not fighting her or anything, but I am bawling. And she takes him out of the room, and I am bawling and I am shaking. Rationalization then set in, and I knew my mom was going to be here to get him. I kept thinking that he was going to be all alone and no one was going to be there to hold him. But I saw him a couple days later and everything was okay. (S4)

The majority of pre-WON respondents believed how the guard handled the separation process affected their separation experience greatly. Lack of communication was a notable factor. For security purposes, guards cannot divulge if caregivers are on the premises to retrieve the child:

Oh, I was traumatized. When they started to handcuff me in front of the baby while he was still in the room, I said, “Can you at least please wait till they get him out of here?” Not like he knew what was going on, but to me I don’t want to be handcuffed in front of my kid. And he just jerked my arms and said, “Come on it’s time to go.” And he [the baby] is still just sitting right there, and I am, “Can you wait till he leaves the room and then handcuff me? Just wait.” And they wouldn’t, and that was just a little something that would have made it a little easier. I mean, I don’t know if it would have because it is traumatizing. To watch your baby go out in the little bed rolling away and knowing you are getting shackled and you are going back to prison. I didn’t even know if his dad was there. They wouldn’t tell me. Breach of security. What would be the breach of security? What am I going to do? You know, little bitty me. Just had a baby. C-section. Can’t hardly walk and get up off the bed. Am I going to run? I wouldn’t have got two feet trying to run. What are they going to do? Break me out? They are taking a baby home. They [the prison] got an address and everything of where the baby is going. It doesn’t make any sense. They could have said, “yeah the father is here to pick him up.” That doesn’t mean I know he is going to leave right away. I can’t call anybody and say “hey.” What’s that going to do? They could have comforted me in that way instead of me thinking he might go to foster care. (S16)

Guards who offered emotional support or comforting words at the time of separation were considered to make a positive impact at the time of separation:

I remember the moment them taking her out of the room and just sobbing hysterically, and I had a very—the one guard that was in there with me at that time was a wonderful lady. She was a grandmother, and she was like, “You don’t belong in here and don’t you dare come back here again” cause everyone kept telling me “Oh you’ll be back in, it’s just how it goes.” It’s a revolving door, they kept calling it. No it’s not, I kept saying, “I will never be back again.” I mean she was the only who was like, “You can change your life. You can do different. You can make yourself healthy for your kids. You’re a mom.” And she didn’t know me per se, but she just was very inspired, and I knew that already, but she was able to hold my hand with the shackles and all, and she would keep me distracted. (S1)

### ***Breastfeeding***

Breastfeeding rates were notably different between WON and pre-WON groups. Only 33% of pre-WON mothers breastfed following the delivery of their child compared to 60% of the WON mothers. While mothers in the pre-WON group were allowed to electronically pump and mail breast milk, WON resources and staff improved WON breastfeeding rates. Within WON, lactation consulting and electronic breast pumps were readily

available. These resources not only encouraged breastfeeding for first time mothers, but they also impacted previous mothers as well. One mother who did not breastfeed her previous children discussed why she chose to breastfeed her WON infant:

That is not something my mother or my grandmother or anybody in my family did. When I got into IWP, they really, really, they don't push it, but they encourage it, and the reason I decided to do it. I wasn't smoking, I was healthy, I wasn't doing drugs, and I always heard was the best thing was to breastfeed. Plus it helps you lose your weight, and you know all these good things about it, and finally by them encouraging it, I chose to do it. That actually happens with a lot of women there. In fact a lot of women on WON ended up breastfeeding. A lot of them had before also a lot of them hadn't and chose to do it. So that was one of the good things too or one of the positive things about IWP was in the WON, they encourage breastfeeding and a lot of women change their mind and do it. (S27)

In sharp contrast, only three mothers in the pre-WON group breastfed. Two of them had breastfed their previous children, and all three had little time remaining on their sentence. One mother maintained her milk supply by manually expressing her breast milk for the remainder of her sentence. Another's husband purchased a breast pump and came to the prison every week to pick up her breast milk. These experiences were not typical of the pre-WON group.

Common responses from pre-WON mothers for not breastfeeding were the desires to emotionally protect oneself as well as the infant. Additionally, pre-WON mothers cited mistrust in the prison staff's ability to properly care and store pumped breast milk as to stop breastfeeding during their sentence. Finally, cost was also a prohibitive factor. Pre-WON mothers were required to purchase electronic breast pumps, storage containers, as well as the postage to ship their breast milk. All three issues were factors in one mother's decision to not breastfeed although she had done so for previous children:

I was able to breastfeed. I chose not to at that time because it would have been harder for me emotionally. So I was like, we will start him on the bottle and just go from there. There were choices that you could make. Like if you wanted to breastfeed your baby. You could send your milk out to the baby. Now that was pretty awesome, but I never chose that route because first of all, I didn't have the money to mail it. And I didn't know anything about how they carried my milk. I don't know if they carried it right. I didn't want to contaminate my baby. Cause any risk or whatever, so I was like, we'll do the bottle. (S10)

### ***The nursery experience***

The majority of the respondents from the WON group regarded the WON staff as caring and taking a special interest in the women. They felt staff took the time to listen to the participants and went beyond assigned duties. Counselors and guards assigned to WON made a lasting impact on many of the participants:

Some of the staff are really into helping you get your life right. They are really into finding out what you, as a person, need. Not as a group, but what you personally need help with, and then they will get you the resources. They've stayed after hours; past the time they would normally go home just to help you with something. I don't know how many times I was stressed out and depressed and crying my eyes out, and Miss M or Miss N would stay there until 7 or 8 p.m. just talking to me, and that's great. That's great that in a prison, there are people like that. And some of the officers would sit and talk with you ... because they really care. (S6)

A number of the WON respondents remarked on the overall positive experience during their sentence. In particular, they felt WON provided them with a rehabilitative opportunity. One participant stated:

I think [WON] makes a difference, especially to the women who had been out there on drugs and just didn't have a care in the world. Now some of those people you can't change, but the [WON] program is all about giving people second chances—for a lot of people, a second chance to do better and to be a better parent. (S7)

### **WON dorm**

The WON dorm was considered by respondents to **be nicer than other dorms** in the general population. Many mothers emphasized the greater silence and safety of the WON dorm:

I can honestly say I loved the Wee Ones dorm. It was way different than the open population. You can tell the difference from Wee Ones and open because open is just constant noise and Wee Ones was silent because we had babies. So we had a peace of mind. I was at peace.

WON provides mothers with single beds and private rooms. One respondent indicated the privacy allowed her to better care for her child:

I like that we had our privacy as a mother and as a child. We had our own room. We had our bed, crib and a little dresser. We had our privacy. We weren't stuck in a room with three other girls with one baby keeping another baby up. We had our privacy, so we could actually care for our child as they needed it. When they needed to sleep and have their quiet time, we could close our doors and give them their quiet time. We could care for our child as we needed to. (S6)

### **Nannies**

Within WON, inmates are hired as nannies to assist with minor childcare while mothers attend parenting classes or recreational programming. Several respondents reported **issues of favoritism and lack of assistance from** the nannies:

Some of the nannies, I did not like them. They play favoritism and stuff like that. Like, they will want to get one baby more than they get the other one. They are required to watch the babies while you go to the doctor or see the nurse or take your meds or go to school ... or whatever. They don't have to watch your babies while you go out to rec or while you talk to the other inmates and stuff. They don't have

to do that. There was one nanny I did not like. She played favoritism, and at one point, she tried to correct me. We had doctors and nurses saying “holding the baby doesn’t spoil them,” but then she wanted to try to bring me to Miss G. and tell me about how my baby is spoiled, this and that and how all I do is sit up and hold her. (S7)

Additionally, many of the mothers reported **mistrust in the nannies**. Many of the mothers primarily viewed the nannies as prisoners and therefore did not trust them with their child. Additionally, the nannies held authority over the WON mothers and would report care issues to the staff, which could result in the removal of the child from the WON program. The respondent below had her child taken away from her after a nanny reported her to the counselors:

I was going through post-partum depression. I was going to school, and I didn’t want to be without him. They made me go to school, and I don’t know why, but I didn’t want my kid to be in there without me. I didn’t want him put down anywhere, and I didn’t want the nannies touching him because they are inmates as well. They are hired as nannies for a reason, but still, I didn’t trust that. And when I would ask for more help, they [nannies] went and told the guidance counselor that I couldn’t do it. That I was yelling at him [her son] the entire time. That I was yelling all the time. So they made me send him home because they thought I was going to hurt him, which really made me mad. (S13)

## Discussion

This study provides a glimpse of the lived experiences of incarcerated mothers and prison nurseries. Much scholarship on prison nurseries has focused on recidivism rates as an indicator of prison nursery success. Previous research has been lacking follow-up with previously incarcerated inmates with most research occurring within 2 years of inmate release. Additionally, existing research pays little attention to the subjective experience of the incarcerated pregnancy experience.

Many similarities were found in the prenatal, childbirth, and reentry experiences of women in both pre-WON and WON groups. Remaining active, communicating with healthcare providers, and accessing reliable health care were common desires among all respondents. In examining prenatal care, respondents overwhelmingly considered the prison infirmary inadequate compared to their OBGYN visits at the prison-contract hospital. Respondents were more likely to experience delayed care through the prison infirmary. These findings echo complaints about prison healthcare in existing research (Koch & Tomlin, 2010; Pösö et al., 2010). In the current study, the infirmary allegedly disregarded health complaints and labor concerns. These findings are not unique. Previous research on perceptions of health care in prison found women held generally negative views of their care with an emphasis

on experiencing delayed care (Young, 2000). It is worth noting that statistics maintained by IWP indicate the mothers are receiving good medical care. In particular, the average baby's birth weight at IWP is higher than the general public in the state of Indiana. According to staff, some complaints about timeliness or convenience might be more in the nature of discomfort as compared to actual medical care.

Many of the women's concerns centered on poor communication where they felt the hospital staff was rushed and gave them inadequate time for consultation during prenatal visits. Mothers equated the lack of communication to lack of quality. Prior research has indicated improvement in health indicators for incarcerated women (Tanner, 2010); however, this study reflects the notion that just because health indicators improve does not mean that incarcerated women view their care as high quality.

Guards had profound impacts on the mother's experiences. The majority of respondents reported their childbirth to be traumatic. Birth trauma has been found to impact future rehabilitation (Schroeder & Bell, 2005). Discretion on the application of restraints, communication to labor support individuals, and communication to the mother greatly affected how women perceived their childbirth. Access to communication and labor support are common factors that impact subjective birth experiences found in other qualitative studies of birth experiences (Lemola et al., 2007; Priddis et al., 2014; Weisman et al., 2010). For mothers in the pre-WON group, the experience of separation from their infant was impacted greatly by the actions of the guards. Lack of clear communication and strict adherence to policy negatively affected pre-WON women during separation and had long-lasting impacts. In existing prison research, separation was considered a predominant fear of expecting inmates (Chambers, 2009; Hutchinson et al., 2008; Schroeder & Bell, 2005; Wismont, 2000). Emphasis on security led to instances of inconsistent policies of restraint application, birth coaches not being contacted or being allowed exceptional privileges prohibited by policy, and strict adherence to policies during separation.

The use of restraints was found to be major area of concern for women in both groups with 40% of the WON respondents and 58% of the pre-WON respondents reported negative emotions surrounding their birth directly associated to the restraints. According to the Women's Prison Association (n.d.):

The American College of Obstetricians and Gynecologists (ACOG), the American College of Nurse Midwives, the American Public Health Association and the American Medical Association (AMA) have condemned shackling during childbirth. The AMA calls the practice "dangerous" and "barbaric" in its position paper on shackling, pointing out that restraints not only cause "excruciating pain" but "can interfere with the medical staff's ability to appropriately assist in childbirth or to conduct sudden emergency procedures."

In evaluating the WON program, the WON participants considered the nursery to be a success. Even among WON participants who criticized staff



or nannies, the overall program was still perceived to be successful and helpful to participants. Staff and guards in the WON program were regarded fondly for their assistance and care during the mothers' times at WON. Often when discussing negatives, the women acknowledged an understanding of why prison guards or the infirmary would cause the negative experiences to occur. When asked about giving advice to future women who are incarcerated at IWP, the majority of WON respondents answered the women should try to get into the WON program. These findings are similar to existing research conducted by Carlson (2001) who found prison nurseries to promote a positive atmosphere.

### **Limitations**

Several limitations exist in this study. The small participant size makes it difficult to generalize to the broader population. Additionally, the women who participated in the interviews served their sentences at different times. The time period that the respondents served their sentence is important as prison policies, staff, programs, and volunteers may change, making it difficult to determine the root cause of the experiences described within the interviews. Current changes at IWP include a new contracted prison hospital, which is different from the hospital referred to in this study. Furthermore, the pediatrician who voluntarily provided well-baby visits at WON retired, which has resulted in new policies surrounding sick babies and their ability to remain in the nursery. The participant's memory is another limitation for this study. The length of time between the participants' incarceration sentence and the time of the interview was an average of 4 years. It is possible the quality of the data could be lessened by poor quality memories of their subjective experiences. Continued ongoing investigation into the subjective experiences of pregnant women will provide insights into the changing policies and procedures of the WON program, which arguably serves as a good model for prisons implementing new nurseries.

### **Recommendations and conclusion**

Based on the findings from this study, several recommendations could improve the emotional and physical experiences of women in both a prison nursery program and incarcerated pregnant women. Concerning **shackling** during childbirth, an analysis should be conducted to inform a policy that best protects the safety, security, and dignity of all involved. Such an analysis should take previous escape attempts by laboring offenders into consideration as well as the escape risk they have posed and might possibly pose in the future. Additionally, requiring specialized training for all individuals involved with providing care and security for incarcerated mothers would improve the



application of current policies. This training should include the correct application and removal of restraints as well as a basic education on the physiological process of birth.

With the growing numbers of mothers in prison, prison nurseries are a viable option for prison programming. Recidivism numbers and healthcare indicators provide quantitative evidence of the success of prison nurseries. However, a better understanding of incarcerated mothers could lead to more effective policies, procedures, and programming to benefit this population.

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